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18 October 2008

Can pharmacy fight flu?

What you need to do now to prepare for a possible pandemic See page 26

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Paracetamol 1000mg, Guaifenesin 200mg, Phenylephrine hydrochloride 12.18mg, Cetylpyridinium chloride 3mg. Indications: For the short term symptomatic relief of the symptoms of cold and flu, including aches and pains, headache, nasal congestion, tickly sore throat and chesty coughs. Dosage instructions: For oral administration. Adults and children 12 years and over: one 20ml dose (4x 5ml spoonfuls). The dose must not be repeated more than every 4 hours. Maximum of 4 doses in any 24 hours. Not recommended for children under 12 years of age. Contraindications: Patients with known hypersensitivity to Paracetamol, Guaifenesin, Phenylephrine hydrochloride, Cetylpyridinium chloride or any of the other ingredients. Contraindicated during pregnancy. Precautions and warnings: Lemsip Max All in One Liquid is not suitable for long term use. Paracetamol should be used with care in patients with severe renal or hepatic impairment. The hazard of overdose is greater in those with non-cirrhotic alcoholic liver disease. Do not take with any other cold or decongestant medicines or any other paracetamol-containing products. Immediate medical advice should be sought in the event of an overdose, even if you feel well, because of the risk of delayed serious liver damage. Phenylephrine should be used with care in patients with hyperthyroidism, cardiovascular disease, diabetes mellitus, closed angle glaucoma, prostatic enlargement and hypertension. Do not exceed the stated dose. If symptoms persist consult your doctor. Contains sorbitol and ethanol - see leaflet for further information. Side effects: Undesirable affects with paracetamol are rare, but hypersensitivity including skin rash may occur. There have been reports of blood dyscrasias including thrombocytopenia agranulocytosis and acute panceatitis. Undesirable effects are rare with normal doses of phenylephrine but can include hypertension, palpitations (tachycardia), headache, dizziness, vomiting, diarrhoea and insomnia. Guaifenesin has occasionally been reported to cause gastro-intestinal discomfort. RRP: £5.10 (excl. VAT). Marketing Authorisation Number: PL16028/0077. Supply classification: GSL. Marketing Authorisation Holder: Galpharm Healthcare Ltd., Dodworth, South Yorkshire, S75 3SP. Date of preparation: October 2008. Lemsip, Lemsip Max and the sword and circle symbol are trademarks.

Information about adverse event reporting can be found at www.yellowcard.gov.uk
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*AC Nielsen unit sales 2007/08 season

Chemist+Druggist
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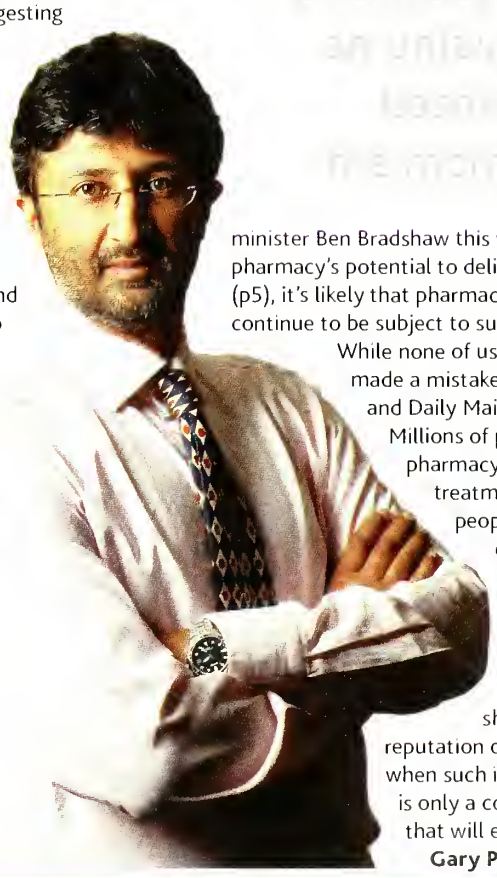
Comment from the Editor

'Can you trust your pharmacist?' is definitely not the headline you want to read in a national newspaper. Yet there it was in letters over an inch high in this week's Daily Mail, suggesting that perhaps the answer to this particular question was going to be 'No'.

The paper's researchers tested three scenarios at 15 pharmacies. They sought advice for a patient who had suffered diarrhoea for a week; tried to buy paracetamol-containing products for both a cold and a headache; and asked for hydrocortisone cream to treat an insect bite on a patient's face. Disappointingly, the paper claims its researchers received inaccurate advice in 70 per cent of visits.

Coming so quickly after last month's equally critical Which? report, it feels like community pharmacy is facing an unfair public bashing at the moment.

Clearly, community pharmacy is a sitting target, offering as it does walk-in access to OTC medicines and health advice. And with health minister Ben Bradshaw this week talking up community pharmacy's potential to deliver more health services (p5), it's likely that pharmacists and their staff will continue to be subject to such scrutiny.



While none of us can say we have never made a mistake, we should put the Which? and Daily Mail findings into perspective. Millions of people visit a community pharmacy regularly for advice and treatment and the sector is full of people who go the extra mile to ensure patients get the medicines and support they need.

Yet we must accept that in a very small number of instances service levels fall short. And, as it tarnishes the reputation of the sector as a whole when such instances are highlighted, it is only a collective industry effort that will ensure this is not repeated.

Gary Paragpuri, Editor

Contents

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PSNC pledges rescue package for £40m branded drugs loss

Immediate action needed before further price cuts in January, says PSNC chief

Max Gosney

Pharmacy chiefs in England have pledged a rescue package for contractors hit by the £40 million slump in income from branded medicines last year.

Immediate action was needed ahead of further price cuts on branded drugs this January, said PSNC chief executive Sue Sharpe.

"We now have a significant loss on brands overall, over £40m last year... we need to get the branded losses sorted... we do not have a solution yet but we are working on this," she told this week's UniChem convention in Oman.

The sector is braced for supply problems when the government launches the new Pharmaceutical Price Regulation Scheme in the new year. The PPRS is expected to cut branded drug prices by 5 per cent and has led to fears of wholesalers destocking to minimise losses.

UniChem managing director Jeremy Main told delegates the wholesaler had endured a wave of supply issues with branded drug firms in 2008. These included Sanofi-aventis being out of stock for Diprobase cream 500g/50g for nearly six months, he revealed. While manufacturer UCB had suffered major distribution issues on over 30 products so far this year, Mr Main added.

Growing pressure on the supply chain meant manufacturers had imposed a wave of product quotas, he said. Eli Lilly, Roche and Novartis were among those which had restricted supply of certain product lines in 2008, he added.

Sue Sharpe: working on a solution to branded medicines losses

Is there an out of stock problem ahead?
See page 10

PSNC hits back at contract critics

PSNC has hit back at criticism that it is too docile in contract negotiations with the DH.

PSNC chief Sue Sharpe said: "Do we thump the table, tell the NHS what we are prepared to do – take it or leave it? That might work when you are haggling for a pashmina in the souk. We are not there."

PSNC had been accused of being too close to the DH, Ms Sharpe reflected. But close relations with ministers were essential to the success of a contract negotiator, she stressed.

PSNC was committed to a cost of service inquiry with the DH to establish a "secure, rewarding contract". And talks have begun with NHS Employers on implementing the white paper, she revealed. The first fruits of this partnership could see minor ailments become a directed enhanced service, she predicted. "This is what I mean by searching for the win-win. I emphasise the word co-operation. Not concession, not capitulation."

Clinical leaders and Hope for pharmacy

Phil Hope has taken over from Dawn Primarolo as the minister responsible for pharmacy, the Department of Health in England has confirmed.

Mr Hope replaced Ivan Lewis in the Department's ministerial team last week, and has taken on the pharmacy portfolio. Ms Primarolo had held this responsibility since joining the DH in July last year.

The news came as the DH announced the appointment of two national clinical directors for pharmacy, fulfilling a commitment in April's pharmacy white paper.

The two new posts, one focused on community and one on hospital, would play a "critical role" in the implementation of other promises in the government's blueprint for the profession, said Mr Hope.

Jonathan Mason, currently head of prescribing and pharmacy at City & Hackney Teaching PCT, was "delighted" to have been appointed to the community pharmacy and primary care role.

Mr Mason, whose father is a community pharmacist, said: "I know the valuable contribution pharmacists make to patient care and improving the health of the public." He said he looked forward to building on this to realise the white paper's opportunities.

Martin Stephens, a director at Southampton University Hospitals NHS Trust, will take on the hospital-focused post. **JR**

'Crucial role' to play in national diabetes campaign

Community pharmacists can play an important role in delivering the aims of a national diabetes awareness-raising campaign, stakeholders have said.

Charity Diabetes UK has launched "hard-hitting" campaign Silent Assassin to highlight the seriousness of the condition and its potential complications.

And community pharmacists could help deliver the campaign's messages at all levels, said Diabetes UK care advisor Libby Dowling.

The charity supported roles for the profession, from health promotion through advising people of the risk factors for type 2 diabetes and recommending lifestyle changes to reduce them, to swift diagnosis and long-term management of the condition.

"Community pharmacists can have quite a crucial role in those messages," Ms Dowling said. She highlighted MURs as "accessible" support for diabetes patients.

NPA spokesman Neal Patel agreed there was a role for community pharmacists at all stages of an "integrated care pathway" for diabetes awareness, diagnosis and management.

Commissioning guidance for pharmacy diabetes services being developed by the association, the RPSGB and Diabetes UK was very close to publication, he said. And he added that some NPA members were even close to providing insulin initiation services. **JR**

Key minister in Building Bridges campaign visit

Health minister pledges to get behind pharmacies to fulfil white paper potential

Jennifer Richardson

Health minister Ben Bradshaw has spoken of his desire to work with pharmacy to fulfil the white paper's potential, following a Building Bridges visit.

Mr Bradshaw visited George Wickham's Alphington Pharmacy in Exeter last week, as part of C+D's campaign to raise the profession's political profile.

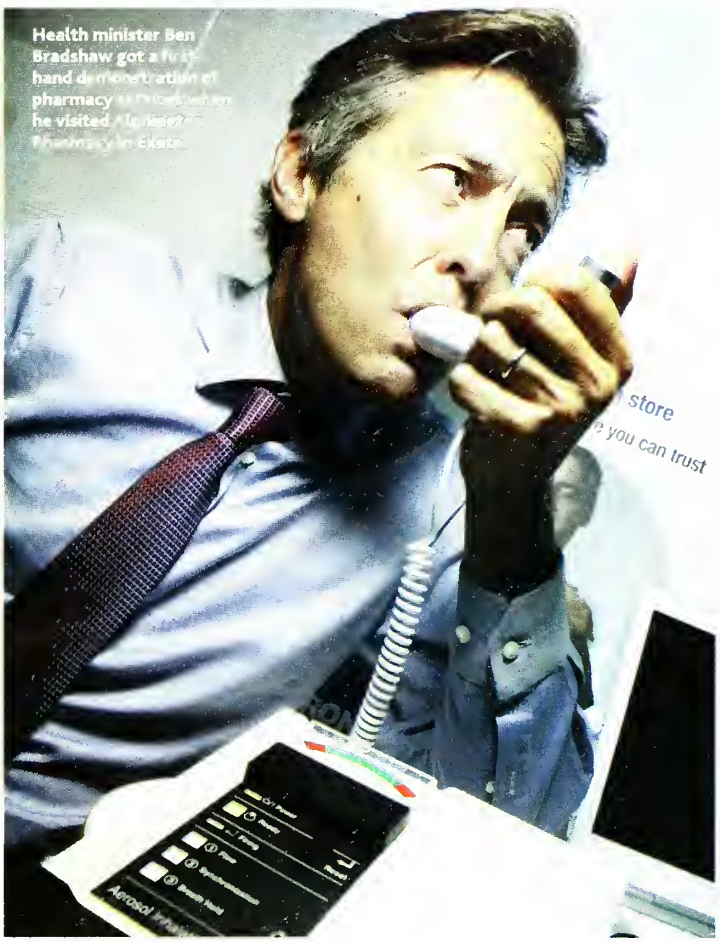
The coup followed a visit by Sir Alan Beith MP to Mark Burdon's Lynemouth Pharmacy, Northumberland, as Building Bridges gathered pace ahead of a parliamentary reception for the campaign planned for later this year (C+D, October 11, p6).

Mr Wickham demonstrated to Mr Bradshaw an inhalation monitoring device, part of an asthma MUR project. And he discussed pharmacy's enthusiasm for the government's planned vascular screening programme and the white paper, and problems with the electronic prescription service.

Mr Bradshaw said he was "very pleased" to visit Alphington Pharmacy. "Pharmacies have great potential to provide a range of treatments and tests closer to where people live at convenient times," he told C+D, "and I want to see them fulfilling their potential to improve the wellbeing and healthcare of the public."

Mr Wickham was also delighted with the visit, and said: "He made notes, which is always a good sign!" But he added: "It's what he does with them that will show how successful the visit will be."

Following Sir Alan's visit to Mr Burdon's Lynemouth Pharmacy, a spokesperson for the Lib Dem MP (Berwick-upon-Tweed) said: "Sir Alan is very aware of what a good service [Mr Burdon] provides to the community."



Buying group scrap continues

Hundreds of Nucare members have yet to sign up to the merged symbol group Numark, and rival buying groups are still battling for their custom.

Around 300 of the original 800 Nucare members had signed up to the merged symbol group and more were still in discussions, Numark's interim managing director John D'Arcy said.

Nucare members were due to renew their membership at the start of October, but Numark has given some contractors a three-month extension in which to decide.

Rival group Avicenna said it had gained around 300 Nucare members though, while CamRx said it had confirmed or was in the process of gaining around 70 ex-Nucare pharmacists. Hiten Patel, managing director of Pharma Plus, said the group had signed up an "appreciable number" in the London area.

Industry insiders confirmed that some buying groups had been employing "aggressive tactics" to recruit Nucare members, offering special deals to try to tempt them away from Numark.

Mr D'Arcy reflected: "We were always going to lose a few people with the change, but we'll win them back." He said many rival buying groups were extending their offering into professional services support, something Numark had been doing for a long time. **ZS**

Does your buying group offer value for money?
zsmeaton@cmpmedica.com

News in brief

Out of stocks watch

A national stock and supply monitoring system to identify potential medicine shortages early could move a step closer next month. A British Association of Pharmaceutical Wholesalers working group is set to meet in November to discuss how such a system could operate.

Co-op and Boots cut staff

The Co-operative Pharmacy has shed the equivalent of 150 full-time pharmacy support staff since the summer. Meanwhile, Boots confirmed the loss of around 140 roles at its Feltham support office, as a result of integration following the merger with Alliance Pharmacy last year.

C+D eyes awards

C+D has been shortlisted for seven journalism awards in the last month, ranging from digital journalism to editorial campaigning. C+D would like to thank readers for your continuing support.

Metrics 'there to help'

The quality assessment measures outlined in the pharmacy white paper are "there to help" and "not just about commissioners checking up". This was the message from England's chief pharmaceutical officer, Dr Keith Ridge, at last week's Independent Pharmacy Federation conference held at the Pharmacy Show.
www.chemistanddruggist.co.uk

Pfizer's new packaging

Pfizer has launched redesigned medicines packaging in the UK. The new designs are aimed at helping pharmacists and patients identify individual medicines more easily.
www.chemistanddruggist.co.uk

More from UniChem's Oman Convention next week:
www.chemistanddruggist.co.uk

Daily Mail in undercover probe

Seventy per cent of pharmacies 'failed' three tests set by the newspaper in a mystery shopping exercise

Jennifer Richardson

Pharmacies are giving customers inadequate and potentially dangerous guidance, a national newspaper has claimed.

A mystery shopping exercise by the Daily Mail revealed "disturbing results", it said in a double page feature this week. Pharmacies "failed" three tests set by the newspaper in "a shocking 70 per cent of cases".

Industry stakeholders questioned the validity of a study with a sample size of 15 pharmacies, but pledged to take on board the findings and investigate failings further.

The newspaper's claims followed an investigation by consumer organisation Which? last month, which found one third of pharmacy advice was unsatisfactory.

In the latest investigation, a Daily Mail researcher presented three scenarios to single branches of Tesco, Lloydspharmacy, Sainsbury's, Boots and independent pharmacies.


CAN YOU TRUST YOUR PHARMACIST?

We're urged to see our chemist about 'minor' ills but how safe is their advice? We went undercover to the major pharmacy chains with three seemingly simple questions... with disturbing results

Switch to Current Account Plus today

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How the Daily Mail reported its findings this week

The first test examined whether a patient with persistent diarrhoea would be referred to their GP. The second questioned whether a patient purchasing paracetamol-containing cold relief medicine and paracetamol pills would be warned not to take the two concurrently.

The third scenario required pharmacies to check that hydrocortisone cream was not intended for facial use.

All multiples and independents failed to give the correct advice, as determined by an experienced pharmacist, in at least one scenario. The Daily Mail pinned much of the blame on support staff.

But the RPSGB said the newspaper's findings were not "scientifically valid". Society director of policy and communications David Pruce said: "The study sample is too small to be reliable or statistically significant."

The Independent Pharmacy Federation and pharmacy symbol group Numark also noted the small sample size. But in such studies, IPF chairman David Wood said: "We are only as strong as the weakest link in the chain."

Numark interim managing director John D'Arcy added: "We have got to hold our hands up and say, 'There's room for improvement'." It highlighted the need for training to be applied as well as undertaken, he said.

Lloydspharmacy said it was disappointed by the results, Tesco apologised for a case of incorrect advice, and Boots said it would fully investigate once it had further details. Sainsbury's declined to comment.

Mr Pruce said the Society would investigate the findings in more detail and would continue to support the profession in achieving high standards through its own forthcoming mystery shopping exercise.

Dentist reprimanded for pharmacist threat

A dentist who threatened a pharmacist who refused to supply a prescription he had written has had conditions placed on his work to be reviewed in 12 months' time.

Last November dentist Daniel Grzybowski of Grantham, Lincolnshire, tried to issue a prescription to help someone stop smoking. He first prescribed the anti-obesity drug rimonabant, before accompanying the unnamed patient to a Superdrug pharmacy in Grantham with a prescription for Champix. When the pharmacist queried the prescription, Mr Grzybowski lost his temper, told the pharmacist she knew nothing about prescribing and said he would get her into "serious trouble". He also said he did not need to explain himself as he was a dentist and that she was just a pharmacist.

The professional conduct committee of the General Dental Council concluded that Mr Grzybowski's fitness to practise was impaired by his "misconduct". It placed conditions on his work such as requiring him to formulate a personal development plan to address the deficiencies in some areas of his work.

The GDC hearing said it had acted with "proportionality", having taken into account Mr Grzybowski's "previous unblemished record". **JC**

Obituary: John Skelton MRPharmS

John Skelton, MRPharmS, C+D's editor from 1985 to 1995, died on October 14, aged 63, from cancer.

John Skelton joined C+D in 1980, shortly before the title moved from its Fleet Street offices to Tonbridge, Kent. He had previously been managing director of Ideal Chemists, a small chain of seven pharmacies in the Bristol area, and so brought with him a sound understanding of what community pharmacy was about. He embraced his new career as a journalist and after a short apprenticeship, was appointed deputy editor in 1983, and then editor in 1985.

He proved to be a feisty editor, championing contractors and ordinary pharmacists, firm in his principles, and tireless in promoting his title and pharmacy's interests among manufacturers and the wider pharmacy sector. John helped steer C+D through times of great change in both the pharmacy and publishing worlds; the rapid growth of pharmacy multiples meant readers' needs were changing, while back in the office computers were taking over from typewriters.

John relinquished the editor's chair in 1995 to become associate publisher, where his first move was to launch Counterpart, C+D's accredited MCA training course. His other legacies to community pharmacy include OTC, the first magazine for pharmacy staff, and the C+D Guide to OTC Medicines.

He took early retirement in 2001 to enjoy family life, but could be a hard man to find, since months were spent away from home chugging along England's canals in his narrow boat. At 3mph it takes a while to get to Manchester from London!

C+D staff past and present extend their sympathy to his wife Margaret and children Matthew and Hannah.

His funeral will take place on October 24 at 10.30am at St Mary's Church, Hadlow, near Tonbridge, Kent. The service will include Holy Communion. Family flowers only. Donations to St Mary's Church and the Hospice in the Weald.

Patrick Grice, C+D editor, 1995-2003

INTRODUCING THE NEW Robitussin* PACKAGING

Updated look whilst retaining strong colours and clear graphics

Revised paediatric dosing in line with MHRA recommendations

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EEL CONFIDENT TO RECOMMEND *ROBITUSSIN* - EXCLUSIVE TO PHARMACY

BITUSSIN* CHESTY COUGH MEDICINE.

me of product: Robitussin Chesty Cough Medicine. **Active ingredient(s):** Guaifenesin Ph Eur 100mg. **Product licence number:** PL 00165/0097. **Name and address of the product licence holder:** Wyeth Consumer Healthcare, 6 OPH. **Supply classification:** P. **Indications:** Expectorant for the treatment of coughs. **Side Effects:** Nausea, vomiting, hypersensitivity reactions. **Contra-indications:** Hypersensitivity to any of the constituents. Use in children der 2 years. Use in combination with other cold, flu or decongestant products in children under 6 years of age. **Interactions:** None known. **Pregnancy and lactation:** The potential benefit of treatment should be balanced ainst any possible risks. **Effects on ability to drive and use machines:** No or negligible influence. **Dosage:** Adults, the elderly and children over 12 years: One 10ml measure up to four times daily. Children: 6 – 12 years: One l measure up to four times daily. 2 – 6 years: One 2.5ml measure up to four times daily. **Warnings:** Causes of chronic cough should be excluded if symptoms are persistent. Accompanying symptoms should be actively sought d treated. Patients with rare hereditary problems of fructose intolerance should not take this product as it contains Sorbitol and Maltitol. This product contains Amaranth (E123) which may cause allergic reactions. This oduct also contains small amounts of ethanol (alcohol), less than 100mg per 5ml dose. **Cost:** Amber plastic bottles of 100ml RRP £3.85. **Date:** June 2008.

BITUSSIN* CHESTY COUGH WITH CONGESTION MEDICINE.

me of product: Robitussin Chesty Cough with Congestion Medicine. **Active ingredient(s):** Guaifenesin Ph Eur 100mg, pseudoephedrine hydrochloride BP 30mg. **Product licence number:** PL 00165/0098. **Name and address of product licence holder:** Wyeth Consumer Healthcare, SL6 0PH. **Supply classification:** P. **Indications:** Nasal decongestant and expectorant for the symptomatic relief of respiratory tract disorders. **Side Effects:** Symptoms central nervous system excitation may occur (sleep disturbance and, rarely hallucinations). Skin rashes with or without irritation, and urinary retention. **Contra-indications:** Hypersensitivity to any of the ingredients. Use in tients with ischaemic heart disease, thyrotoxicosis, glaucoma, diabetes, enlargement of the prostate or urinary retention. Patients currently receiving or who have within two weeks received, monoamine oxidase inhibitors tients receiving tricyclic antidepressants. Patients receiving other sympathomimetic drugs. Use in children under 2 years of age. Use in combination with other cold, flu or decongestant products in children aged 2 to 6 years age. **Interactions:** Cardiac arrhythmias have been reported if given to patients receiving cardiac glycosides. May increase blood pressure and therefore special care is advisable in patients receiving antihypertensive therapy **egnancy and lactation:** Not to be used in pregnancy unless on the advice of a doctor. **Effects on ability to drive and use machines:** None stated. **Dosage:** Adults the elderly and children over 12 years: One 10ml measure up four times daily. Children: 6-12 years: One 5ml measure up to four times daily. 2-6 years: One 2.5ml measure up to four times daily. **Warnings:** Not to be taken by patients taking either cardiac glycosides or anti-hypertensive ents, except on a doctor's advice. Not to be given to children under 6 years of age unless directed by a doctor or pharmacist. **Cost:** Amber plastic bottles of 100ml RRP £3.85. **Date:** January 2008.

BITUSSIN* DRY COUGH MEDICINE.

me of product: Robitussin Dry Cough Medicine. **Active ingredient(s):** Dextromethorphan hydrobromide Ph Eur 7.5mg. **Product licence number:** PL 00165/0100. **Name and address of the product licence holder:** Wyeth nsumer Healthcare, SL6 0PH. **Supply classification:** P. **Indications:** For the relief of persistent dry irritant coughs. **Side Effects:** Gastrointestinal upset, dizziness. **Contra-indications:** Hypersensitivity to any of the constituents. e of a monoamine oxidase inhibitor (MAOI) or for 14 days after stopping the MAOI drug. **Interactions:** Risk of hyperpyrexic crisis when MAOI are taken in combination with dextromethorphan. Amiodarone and quinidine can rease serum concentrations of dextromethorphan. **Pregnancy and lactation:** The potential benefit of treatment should be balanced against any possible risks. It is not known whether dextromethorphan or its metabolites e excreted in human milk. **Effects on ability to drive and use machines:** No or negligible influence. **Dosage:** Adults: 10ml three or four times daily. Children 6-12 years: 5ml three or four times daily. Children under 6 years. Not commended. **Warnings:** Patients suffering from chronic cough, asthma or patients suffering from an acute asthma attack and any accompanying symptoms should be actively sought and appropriately treated. Use with ution in patients with hepatic dysfunction. This product contains Amaranth (E123), which may cause allergic reactions. This medicine contains small amounts of ethanol (alcohol), less than 100mg per 5ml dose. Patients with e hereditary problems of fructose intolerance should not take this medicine because this product contains Sorbitol and Maltitol. **Cost:** Amber plastic bottles of 100ml RRP £3.85. **Date:** May 2008.

Complete C+D's prescription switching survey: www.chemistanddruggist.co.uk/news

Dispensary TALK

Should non-UK pharmacists have to pass a language test?

"If they've not studied English then there's always going to be a barrier talking to patients and other healthcare professionals. In that case they should have to take a test. But if they have studied it and have evidence they're competent then I would say no."

Jennifer Reid, Fairoak Pharmacy, London

"My view is that you must be competent in both written and spoken English to practise as a community pharmacist. I think they should have to take a test to make sure that the competence is there."

Gurminder Sall, Jeeves Chemist, Buckinghamshire

WEB VERDICT:

Yes 94%

No 6%

Armchair view: This week's poll didn't leave much room for interpretation: you've got to speak the lingo to work in a pharmacy in the UK and the Society is right to call for a compulsory language test for non-UK pharmacists. **Next week's question:** Will your pharmacy reach 400 MURs this year? Cast your vote at www.chemistanddruggist.co.uk

New name for UniChem

Wholesaler hopes customers will embrace name change to Alliance Healthcare

Max Gosney

UniChem will be renamed Alliance Healthcare from April 2009, the organisation revealed at its conference in Oman.

Rebranding will start within months, and the wholesaler will keep its blue and green arrows signage despite the name change.

The wholesaler assured contractors it would be business as usual throughout the changeover. And the switch will not compromise its independence or focus on UK customers, company chiefs stressed.

UniChem MD Jeremy Main told delegates at the UniChem convention in Oman this week: "We hope customers will embrace the new name and be reassured that our experienced customer-focused teams will continue to offer industry-leading services."

A new name for UniChem, but the familiar signage will remain the same

But contractors contacted by C+D have been unmoved by the news. Hiten Patel, managing director of Pharma Plus, said: "It doesn't really matter, it's just rebranding... it's neither here nor there really." And Rob Burnley, of Cohen's Chemist in Holbeck, said the move seemed "a bit pointless".

Switching to Alliance Healthcare would allow UniChem to further benefit from shared best practice within the Alliance Boots group, Mr Main said.

Alliance Healthcare is currently trading in 15 countries, including Russia, France and Spain.

Distribution deals forecast

Yet more manufacturers may set up restricted distribution models, AAH believes.

Jeff Bulmer, pharma services director at AAH, said he believed there was still a direction of travel from traditional wholesale to more streamlined models. And he predicted more manufacturers were likely to be looking at alternative distribution models.

Mr Bulmer told delegates at AAH's supplier symposium last week that manufacturers needed to carefully assess the impacts any such change might have on pharmacy customers. He said AAH was still "uncertain about DTP", but if a manufacturer could convince them it made sense and was a good model, "we would support you in that negotiation".

Martin Sawer, executive director of the British Association of Pharmaceutical Wholesalers, said only certain manufacturers could afford to go down the route of selective distribution. **ZS**

Increase MURs or lose funding

Contractors must increase their MUR output to avoid wasting funding, one local pharmaceutical committee has warned.

Sheffield's 116 pharmacies earned just £274,000 of a possible £1.3 million in MUR fees during the 12 months to June, Sheffield LPC said in its September newsletter.

"We are therefore giving the PCT around £1m," the newsletter said. "Aren't pharmacists generous?"

Although Sheffield's MUR numbers were increasing, secretary Steve Freedman told C+D: "We want to encourage contractors to do more ... this money is 'use it or lose it'."

PSNC head of NHS services Alastair Buxton said: "There is clearly an opportunity lost if pharmacists don't maximise the number of MURs they provide."

The April 2008 national total of 114,352 MURs was about a quarter of the monthly average possible.

But Mr Buxton added that a doubling in the number of MURs conducted nationally between April 2007 and April 2008 reflected "the renewed commitment of pharmacists to providing a fuller service to their patients".

Sheffield PCT's forecast annual MUR spend of £400,000 would fall almost £250,000 short of the allocated budget, a spokesperson said. But the surplus would be "redirected back into the overall pharmacy budget". **JR**

www.feelitworking.com

The bull is back in Covonia's largest ever consumer campaign this winter!

After another successful year as the UK's fastest growing major cough brand, Covonia (the cough medicine with CL[illegible]) will be supported by its largest e[illegible]rketing camp[illegible] Covonia a[illegible] sales increase[illegible] brand to show consistent[illegible] the last seven yea[illegible] amazing 68% poi[illegible] since 2002.

Ed Rour[illegible]roup Product[illegible] for Covc[illegible]"The Co[illegible] will be su[illegible]e u[illegible] ever nationw[illegible] advertising camp[illegible] multi-million pou[illegible] starts in [illegible]

by an extensive PR campaign targeting national newspapers, magazines and websites."

"Our con[illegible]er research has shown th[illegible]pproximately three quarters[illegible]dults select a cough med[illegible]ased on the power of [illegible]dy - ahead of othe[illegible] [illegible]rs such as price and the tas[illegible] [illegible]ts that when people [illegible]he wea[illegible]th[illegible] [illegible]nse tre[illegible]

a 300m[illegible]ckly Cough Linctus[illegible]nsumer demar[illegible]e" version of the ph[illegible]150ml bottle.

For de[illegible]tion, dowr[illegible] [illegible]e POS m[illegible]al [illegible]rk[illegible]com

UNSTOPPABULL

THE FASTEST GROWING MAJOR COUGH BRAND IN THE MARKET*

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Potential out of stocks have hit the headlines and there are fears shortages could reach crisis point. **Zoe Smeaton** asks Jeff Bulmer – who will be helping steer AAH through the challenges ahead – for the lowdown on the situation

Stocks on the rocks

At a time when the financial sector is in turmoil and banks are struggling for survival, the UK medicines market is trying to cope with its own turbulence. All is not calm as pharmacists report problems getting hold of some stocks and PSNC and wholesalers warn the situation is likely to worsen.

Jeff Bulmer is pharma services director at AAH and will play a key role in helping to steer the wholesaler through the rocky times ahead. He predicts there could be a "catastrophic failure" in the medicines distribution chain.

But why does he think things have got so bad? Mr Bulmer says the problem has been building for some time. The weakening value of the pound against the euro has reduced the viability of imported drugs and at the same time made export from the UK more profitable. He says parallel import has been decreasing throughout the year and "fell away like a stone over the summer".

This explains some of the current drug shortages: there are fewer drugs coming into the country and more going out, and the situation is not easy to rectify. Mr Bulmer says he appreciates that redirecting significant volumes of branded medicines to meet a UK deficit is hard for manufacturers, but he called on them to offer more help and to make quotas flexible where they could.

PSNC says wholesalers must manage their own quotas effectively, but it admits that manufacturer quotas to those wholesalers need to be "sophisticated enough to cope with reasonable fluctuations in demand such as changes in prescribing practice, changes in the number of pharmacy customers that wholesalers have and changes in access to the drug from other sources".

Another solution could be to cut back on the number of drugs being exported from the UK. PSNC says export cannot be banned as this would breach EU trade laws. And Mr Bulmer says there is no way for wholesalers to prove that pharmacists' order requests match immediate patient demands. He adds that a minority of "entrepreneurial pharmacists" could be complicating the situation for everyone by purchasing more than they need, to sell them on into the export business.

To try to combat this, AAH places order limits on some products that are known to be in short supply, although pharmacists with genuine needs can be supplied higher volumes.

But on top of the import/export dilemma comes the new PPRS scheme in January. By reducing the prices of some branded medicines in the UK, this could lead to yet more medicines being exported and fewer being imported. Mr Bulmer estimates that up to half of all parallel imported lines could disappear completely after the cuts. And PSNC says there is "growing concern" that the price reductions will tip the UK from being a net importer to a net exporter.

Jeff Bulmer warns that there is a major risk of medicine shortages in 2009

> "Parallel imports fell away like a stone over the summer"

Mr Bulmer warns that if parallel import does fall away, given the proportion of the UK medicines market it makes up, manufacturers will need to increase the supply of branded medicines by 13 per cent across the whole sector. This figure could be as high as 900 per cent for some products where parallel imports have been the main source of supply.

Another worry for Mr Bulmer is that, in preparation for the cuts, smaller shortline wholesalers may start to destock to avoid losing out in January. This means customers will resort to full line wholesalers, increasing demand for AAH and others yet again and possibly leading to more out of stock problems. He warned there was a "major risk" that pharmacies would be "out of stock of significant amounts of medicines for a significant part of 2009".

Just last week, wholesalers called for more information from manufacturers to help them prepare for January. And some pointed out that the new year is the worst possible time to bring in the changes. Mr Bulmer explained: "Even if we knew what it was and there was no backwards exchange rate, January is absolutely the worst time for it. December is the busiest month in pharmacies."

So is there any way to resolve the situation, and how hard are contractors likely to be hit?

AAH has moved to help pharmacists who have to order stocks directly from manufacturers by taking on their administration and invoicing as well as returning their discounts on such products.

But Mr Bulmer's message is still clear. The implementation of the new PPRS should be delayed, or brought in using a phased approach, and manufacturers must play their part by adjusting quotas and giving notification of price cuts. He says a sector-wide response is needed, with co-operation between the government, wholesalers and manufacturers: "The industry needs to get its act in order. There is a real concern here."

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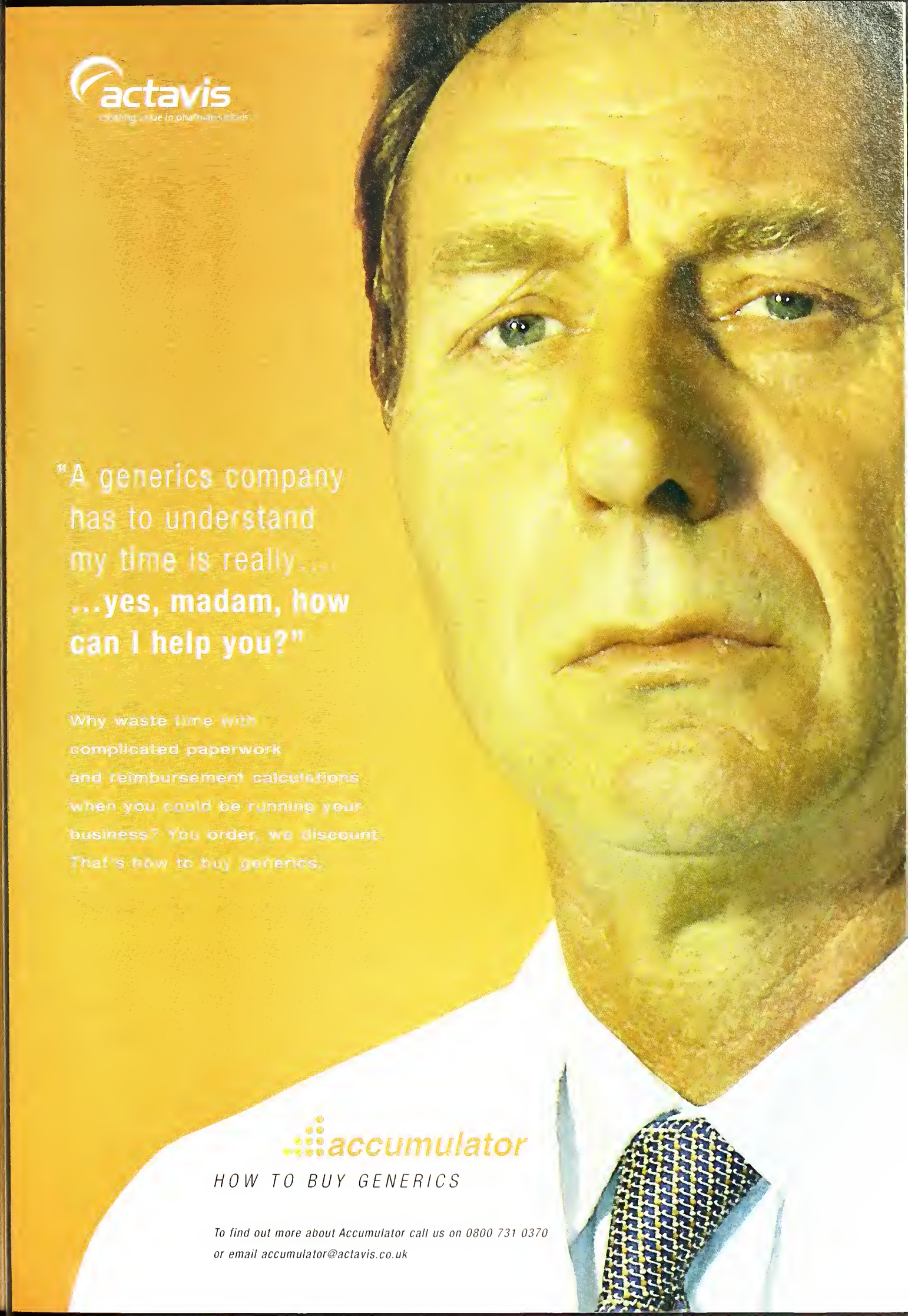

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PPD clarifies script pricing

With regards to last week's Practical Approach (C+D, October 11, p24), I would like to clarify a couple of points.

The article says: "Prescriptions for calendar pack items where the quantity differs from an exact pack size or multiple of pack size cannot be priced automatically by the PPD's new automated pricing system." This is not accurate as we can price these automatically.

However, we may pay the wrong quantity because our system will round it unless we can capture the dispensed quantity at the exception handler.

For our new prescription processing system we ask pharmacies to sort their calendar pack prescriptions. This sorting only applies where:

- the quantity ordered is not equal to, or multiples of, the pack size/ subpack size and
- the exact prescribed quantity is supplied.

Contractors should sort these prescriptions separately and put them at the top of the batch they send to us for reimbursement. Contractors do not need to sort separately any calendar pack prescriptions which do not fall under these criteria.

The article also states: "Scripts for oral contraceptives where the declaration has not been signed will be 'switched' and the prescription charge deducted from payment." This is also incorrect. In this case, the prescription may be 'switched' but a charge will not be deducted from payment.

Products which are oral contraceptives and have no charge are listed in Drug Tariff Part XVI, paragraph 10. These products are indicated on the NHS dictionary of medicines and devices (NHS dm+d) with a prescription charge value of zero. The NHSBSA PPD new prescription processing system will use the NHS dm+d prescription charge attribute value when applying prescription charges to contractors' accounts and no charges will be deducted for these products regardless of the charge group under which the prescription has been submitted.

Michael Hamilton, pharmaceutical technical manager, NHS Business Services Authority, Prescription Pricing Division

CPS represents independents and multiples

In his recent interview with C+D, (October 11, p12) David Currie, Albapharm chief executive, says the independent pharmacy sector is "not at the table" when it comes to engaging with government.

The same article says there is a need for someone to represent independent community pharmacists in delivering NHS care, and in shaping future services.

Let me reassure all community pharmacy contractors in Scotland that Community Pharmacy Scotland (CPS) fulfils that function working constructively with Scottish Government on behalf of all contractors, both independent and Company Chemists' Association members.

CPS represents the owners of Scotland's 1,204 community pharmacies and is committed to diligently representing its membership to politicians and government. This was recently evidenced and communicated via our "Engaging" newsletter.

It is through the positive relationship forged with successive governments that our organisation has delivered new care services and income streams for all owners. Recently CPS successfully negotiated three new national public health services into the contract. These were invested in by government and achieved after effective lobbying and negotiation by CPS, ensuring these services can be delivered by all.

The pace of new service introduction is designed to deliver change at an achievable and realistic rate. CPS has on a number of occasions successfully negotiated significant monies to help with staff training and infrastructure. Indeed we have only recently agreed another £7 million of contract preparation money to be released to all contractors before the end of March 2009.

All contractors are aware of the effects on their reimbursement caused by category M in October 2007. CPS is conducting a full cost of pharmacy service survey. It is essential that we establish an appropriate global sum for remuneration to enable contractors to deliver the pharmaceutical care services contract in full.

CPS is finalising its negotiations with the Scottish Government to ensure that this October's category M tariff changes are counter balanced by other measures until the full results of our cost of service survey are known.

Knowing David as I do, and with CPS having a close working relationship with Albapharm, it would not surprise me if his comments have been taken out of context or, indeed, misrepresented. I draw this conclusion from C+D's own comments in this article: "Lord Darzi's blueprint for the NHS" and "The health minister spoke of personalised health plans moulded to the needs of the individual patients in his report on the future of UK healthcare". I am sure our members are aware health is a completely devolved matter and that both the cabinet secretary for health and wellbeing and the minister for public health in Scotland are women.

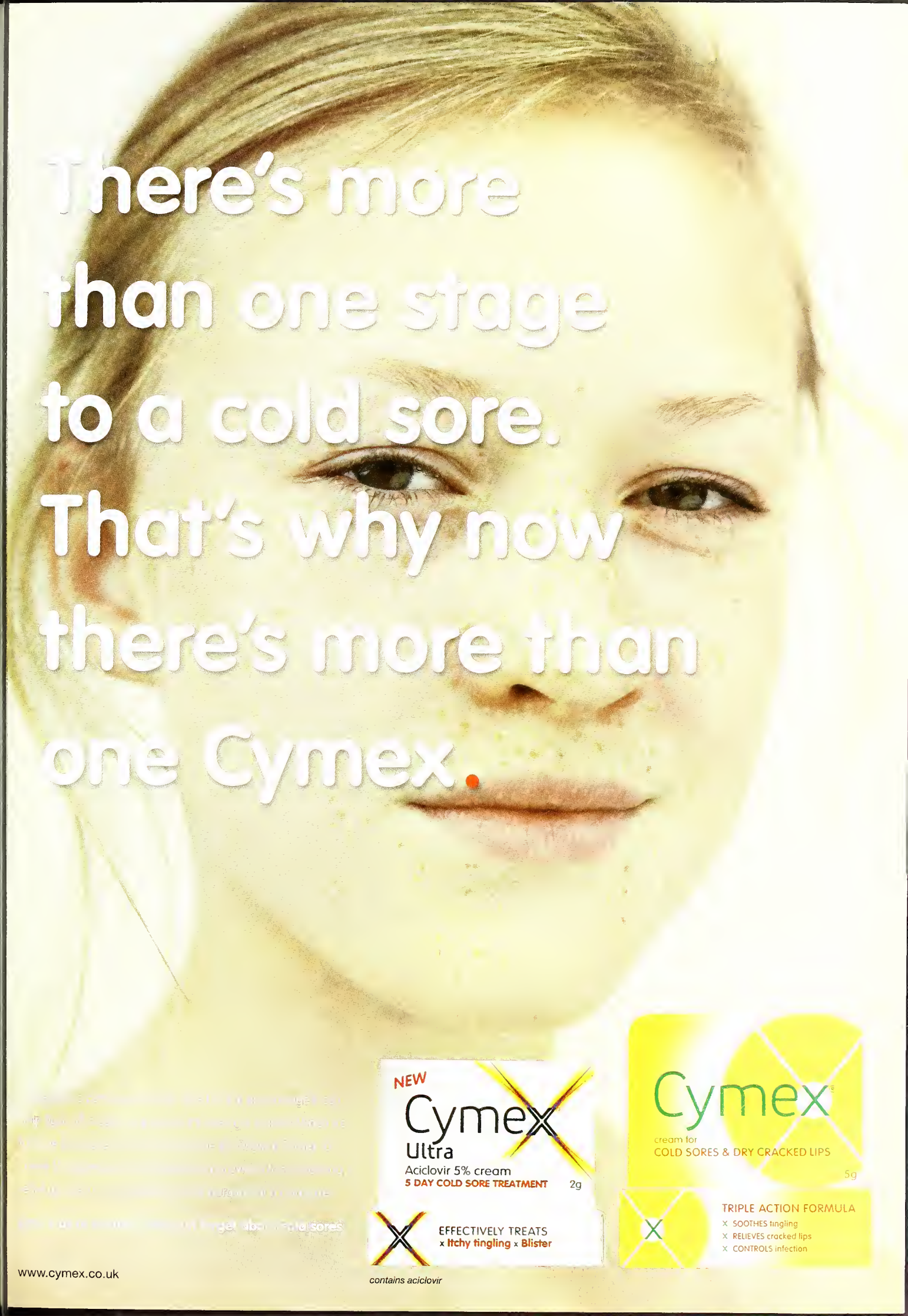
Community Pharmacy in Scotland will move forward and maximise the new opportunities presented within our developing contract by presenting a strong, united and committed sector of our profession, able to deliver for patients, independents and Company Chemists' Association contractors alike.

Harry McQuillan
chief executive officer
Community Pharmacy Scotland

Editor's reply:
Mr McQuillan is wrong to suggest that the article has taken Mr Currie's comments out of context or misrepresented them. We have spoken to Mr Currie and he has reiterated his view that Albapharm's objective is to become a support group for independents and not a replacement negotiating body.

However, we were wrong to suggest that Lord Darzi's report on the NHS covers the UK; it does of course relate only to England.

Email: **haveyoursay@cmpmedica.com** or write to **C+D, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE**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Mr Motivator goes missing

"The fastest way to destroy the motivation of professionals is to prevent them from doing what they were trained to do," according to Peter Drucker, an Austrian-born American management consultant who lived from 1909-2005.

This is the quote of the week in my pocket diary, so I don't know any more about Peter Drucker than that, but he was obviously a perceptive man and pharmacy could have benefited from the services of his consultancy.

Your opinion on exactly what you were trained to do probably varies depending on when you went to university. Most recently registered community pharmacists think they were trained for a highly clinical, patient-focused role, while some of our older colleagues would be quite content with a highly technical compounding and dispensing role. Members of both groups must feel they are not doing what they were trained for.

I think all pharmacists have an expectation of professional autonomy, recognition and support. Give me a reasonable amount of respect, support and autonomy and I could take on the world, but constantly mess me around and suffocate every bit of initiative with bureaucracy and inadequate funding and I'm simply going through the motions.

Perhaps support is what I would like more than anything. Despite regular outpourings of warm words, pharmacists are not supported by the DH, particularly not financially, with independents forced to seek emergency action from PSNC to address their concerns (C+D, October 11, p6). It's a moot point how well the Society ever supported the profession, but if it vanishes altogether there will be even fewer people on our side.

We need more recognition from the DH about our role in flu vaccination (C+D, October 11, p6), but only as much as we do for most of our other roles. If our abilities were more widely recognised we could significantly improve a number of areas of the NHS.

A basic but essential role in community pharmacy is stock control, yet it appears our performance here could soon be stymied too. The mess that looks set to surround the introduction of the new PPRS could leave us powerless to control stock levels. Likewise, the looming disaster that is EPS will hinder our ability even to carry out basic dispensing.

Some pharmacists have reportedly been prevented from exercising their professional judgement by some employers, and we've all felt limited in our ability to do the 'right thing' by the fear of a Stat Com reprimand. We won't be allowed more than the occasional peek at patient records, and while we're queuing up for the opportunity to provide more clinical roles, no-one's coming up with the funding to make it happen.

I'd love to know what advice Mr Drucker's consultancy would offer us. But if he didn't live long enough, at 96, to find the answer to his own quote, maybe we won't either.

Don't leave the new professional body to chance

The Royal Pharmaceutical Society has got its work cut out. It is consulting on reconfiguring itself as a professional body. But there is an alarming lack of interest from community pharmacy given the significance of this exercise. One has to assume this is because the majority of community pharmacists do not see the Society as being relevant to them.

Over the years, because pharmacists are compelled to join in order to practise, the Society hasn't been very 'touchy feely' with members. Further, the Society is perceived as a police force, due to its traditional inspectorate role. As a consequence the professional role of the Society blurs into that of the Statutory Committee – a clear recipe for active disengagement!

With the review of professional regulation following a number of high profile medical cases, the Society understandably sought to protect its regulatory role. It suggested to members (who suddenly became referred to as registrants rather than members) that there was significant value associated with the Society having a dual professional and regulatory role and it was on this basis that it set out to argue its case to be the regulator for pharmacy.

This was, it has to be said, bucking the trend, given that every other health professional was regulated by a regulatory council. Unfortunately the ambitious strategy did not work and it was decided that a new regulatory body – the General Pharmaceutical Council – would take on the regulatory role.

This now leaves the Society with a major problem. It desperately needs to make up lost time by re-engaging members and convincing them that the Society should become their professional body. The enormity of this task came home to me recently at a meeting of pharmacists where it was suggested – with some support – that we did not need a professional body.

In fairness this was said in the context of there being a large number of existing bodies purporting to represent pharmacy from a variety of angles. However, it is alarming to think that some pharmacists are comfortable with the notion of being a profession without a professional body.

A professional body is a must. A strong and effective professional body will bring the profession together, provide leadership and influence and shape an agenda that is conducive to a modern professional role. It will also enhance the work of other pharmacy bodies because they can align their strategies to correspond with the overall direction and influence established by the professional body.

Our professional future is predicated upon there being a strong and effective professional body and we cannot leave its formation to chance. A consultation is ongoing and a prospectus will be released shortly for comment. It is essential that all members of the profession get involved in the process, and do so quickly as time is of the essence.

John D'Arcy is interim managing director of Numark

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Dye BA *et al. J Clin Periodontol.* 2005; 32: 1189–1199.

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References: 1. Scannapieco FA. *Compendium.* 2004; 7(Suppl 1): 16–25. **2.** Dave S *et al. Compend Contin Educ Dent.* 2004, 25(7 Suppl 1): 26–37. **3.** Amornchat C *et al. Dent J.* 2004, 24. 103–111. **4.** Lindhe J *et al. J Clin Periodontol.* 1993, 20. 327–334, supplemental report on file. **5.** Garcia-Godoy F *et al. Am J Dent.* 1990; 3 Spec No: S15–26. Erratum in. *Am J Dent.* 1991, 4: 102.

***vs ordinary fluoride toothpaste.**

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C+D Clinical

Your guide to OTC non-steroidals

With oral diclofenac and naproxen now available OTC from pharmacies, do you know how OTC NSAIDs compare against each other in terms of effectiveness?

Key points

- Diclofenac 25mg is at least as effective as ibuprofen 400mg in tension headache and significantly more so than paracetamol in acute febrile sore throat.
- Naproxen is more potent than ibuprofen but has a higher incidence of side effects.
- Naproxen provided greater pain relief in dysmenorrhoea than paracetamol or ibuprofen, with no serious side effects.
- Topical NSAIDs are as effective as oral for sprains, strains and knee pain.

Alan Nathan FRPharmS

Over the last 40 years, non-steroidal anti-inflammatory drugs (NSAIDs) have taken their place, alongside opioids, as one of the most important groups of analgesics.

Opioids are most effective at controlling centrally mediated pain. NSAIDs relieve pain resulting from local inflammation and are antipyretic. As well as their use in arthritic disease, they are effective in treating minor painful conditions, including toothache, muscular sprains and strains, dysmenorrhoea and headache.

Topical NSAIDs have been available without prescription for several years. Ibuprofen for oral use was reclassified from POM to P in 1983. Apart from aspirin, which has always had OTC status, it was the only oral NSAID available OTC until naproxen and diclofenac were reclassified this year.

This article will review oral and topical OTC NSAIDs, and compare their effectiveness against each other and other OTC analgesics. There is abundant and good quality evidence NSAIDs are effective and, as long as they are used with normal precautions, safe non-prescription analgesics and antipyretics.

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Reflect

What role do prostaglandins play in inflammatory pain? How do NSAIDs work? What restrictions apply to the OTC sale of naproxen? What is the maximum daily dose of diclofenac?

Plan

This article covers the oral and topical NSAIDs available OTC, how they work, their doses and side effects, and for whom they can be recommended. It concentrates on diclofenac and naproxen, which have been switched from POM to P this year.

CPD This article can help in the following CPD competencies: **G1a, G1c, G1d, G1e, C1a, C1f.** See http://tinyurl.com/68ox7b

Diclofenac 25mg is used as an oral analgesic and antipyretic. It is at least as effective as ibuprofen 400mg in tension headache

Pathophysiology of inflammatory pain

Inflammation is a non-specific, defensive response to tissue damage. The characteristic signs and symptoms are redness, pain, heat and swelling. Loss of function is a further possible response, to limit damage when injury is severe or extensive.

Inflammation is produced by the generation and release into the injured tissue of several biochemical mediators: histamine, kinins, leukotrienes, the complement element of the immune system and prostaglandins. Of these, prostaglandins are the most important in relation to inflammatory pain, as part of their function is to sensitise nociceptors. Prostaglandins are synthesised from phospholipids in the cell membrane during the inflammatory process. As a result of tissue injury, phospholipase A2 enzyme converts phospholipid to arachidonic acid, which is in turn converted by cyclo-oxygenase (Cox) enzymes to cyclic endoperoxides and ultimately to prostaglandins.

There are six classes of prostaglandins (designated by letters A – I) and subclasses of each designated by numbers (A_1, A_2 etc). Prostaglandins mediate various homeostatic functions, including gastric motility and secretion, blood pressure and uterine contractions during childbirth and menstruation, as well as pain.

PGE_1 and PGF_2 are thought to be the prostaglandins involved in mediating inflammatory pain, while PGE_2 causes fever by acting on the temperature-regulating centre in the brain.

Mechanism of action

NSAIDs act by inhibiting Cox enzymes, preventing the formation of prostaglandins from arachidonic acid.

There are two forms of Cox: Cox-2 is induced by inflammation and results in pain; Cox-1 mainly mediates homeostatic functions such as renal perfusion, platelet aggregation and gastroprotection. The original NSAIDs, including ibuprofen, diclofenac and naproxen, are non-selective and inhibit both Cox-1 and Cox-2. They are effective analgesics but produce side effects, notably gastric irritation.

Cox-2 inhibitors, developed later, have less potential for gastric side effects, although none have been reclassified to P. Aspirin irreversibly acetylates the enzyme, but all other Cox inhibitors act by competitive inhibition of Cox on arachidonic acid at the active site.

NSAIDs belong to several chemical groups. Table 1 (above right) lists those used in OTC products, together with their group and use. Panel 1 (right) presents a review of their efficacy.

TABLE 1: OTC NSAIDs

Chemical group	Compound	OTC use
Salicylates	Aspirin	Oral analgesic and antipyretic
	Salicylic acid	Topical analgesic
Arylpropionic acids	Ibuprofen	Oral analgesic and antipyretic
		Topical analgesic
	Naproxen	Oral analgesic (dysmenorrhoea only)
	Flurbiprofen	Sore throat (lozenge)
	Ketoprofen	Topical analgesic
Phenylacetic acids	Diclofenac	Oral analgesic and antipyretic
		Topical analgesic
	Felbinac	Topical analgesic
Oxicam	Piroxicam	Topical analgesic
Other	Benzydamine	Mouth and throat conditions (spray, oral rinse)

PANEL 1: EFFICACY OF NON-PRESCRIPTION NSAIDs

Oral NSAIDs

For headache and other types of inflammatory pain, individual NSAIDs have generally been compared to other NSAIDs, paracetamol or placebo.

- **General use for non-prescription analgesia:** A review[1] has stated that low-dose ibuprofen is as effective as aspirin and paracetamol for the indications normally treated with OTC medications and is associated with the lowest risk of gastrointestinal toxicity of any NSAIDs. It added that paracetamol is well tolerated and effective in treating mild-to-moderate pain.
- **Headache:** Aspirin 650mg and paracetamol 1,000mg were found equally effective for episodic tension headache and both were significantly more effective than placebo[2]. A comparative trial[3] of ibuprofen 400mg against paracetamol 1,000mg concluded that both are effective analgesics for muscle-contraction headache, and that ibuprofen is significantly more effective than paracetamol at these doses. A trial[4] comparing ibuprofen 200mg with aspirin 500mg found that ibuprofen was at least equivalent to aspirin and superior to placebo.
- **Dental pain:** Ibuprofen 400mg has been found to be more effective than equivalent doses of aspirin or paracetamol.[5]
- **Back pain and muscular pain:** A systematic review[6] of NSAIDs for the treatment of low-back pain concluded that NSAIDs are effective for short-term symptomatic relief in patients with acute low-back pain, although no specific drug was clearly more effective than others. There was conflicting evidence that NSAIDs were more effective than paracetamol for acute low-back pain. An earlier review[7] concluded that NSAIDs might be effective for short-term symptomatic relief in patients with uncomplicated low-back pain, but are less effective or ineffective in patients with low-back pain with sciatica and patients with sciatica with nerve root symptoms. A comparison of ibuprofen, aspirin and placebo in the treatment of musculoskeletal pain found that ibuprofen was significantly superior to the other two.[8]
- **Pain and fever in children:** A comparison of ibuprofen and paracetamol for fever in children[11] concluded that both are effective antipyretics and both are well tolerated. Ibuprofen appears to have a longer duration of action and is more effective than paracetamol four to six hours after administration, which may make it preferable in some circumstances. A meta-analysis of randomised controlled trials[9] concluded that paracetamol and ibuprofen are equivalent in terms of short-term safety or relief of moderate-to-severe pain in children, but that ibuprofen reduces fever more effectively than paracetamol.

Topical NSAIDs

- Systematic reviews[10,11] have found topical NSAIDs to be effective over short periods (up to two weeks) for chronic muscular conditions and osteoarthritis, so would appear to be suitable for the acute conditions for which they are licensed for non-prescription sale.
- In limited studies,[12] topical NSAIDs were found to be as effective as oral NSAIDs for sprains and strains, with a low incidence of adverse effects. Ketoprofen was significantly better than all other topical NSAIDs. A recent study[13] found topical ibuprofen to be as effective as oral preparations in treating knee pain over one year in patients aged over 50.

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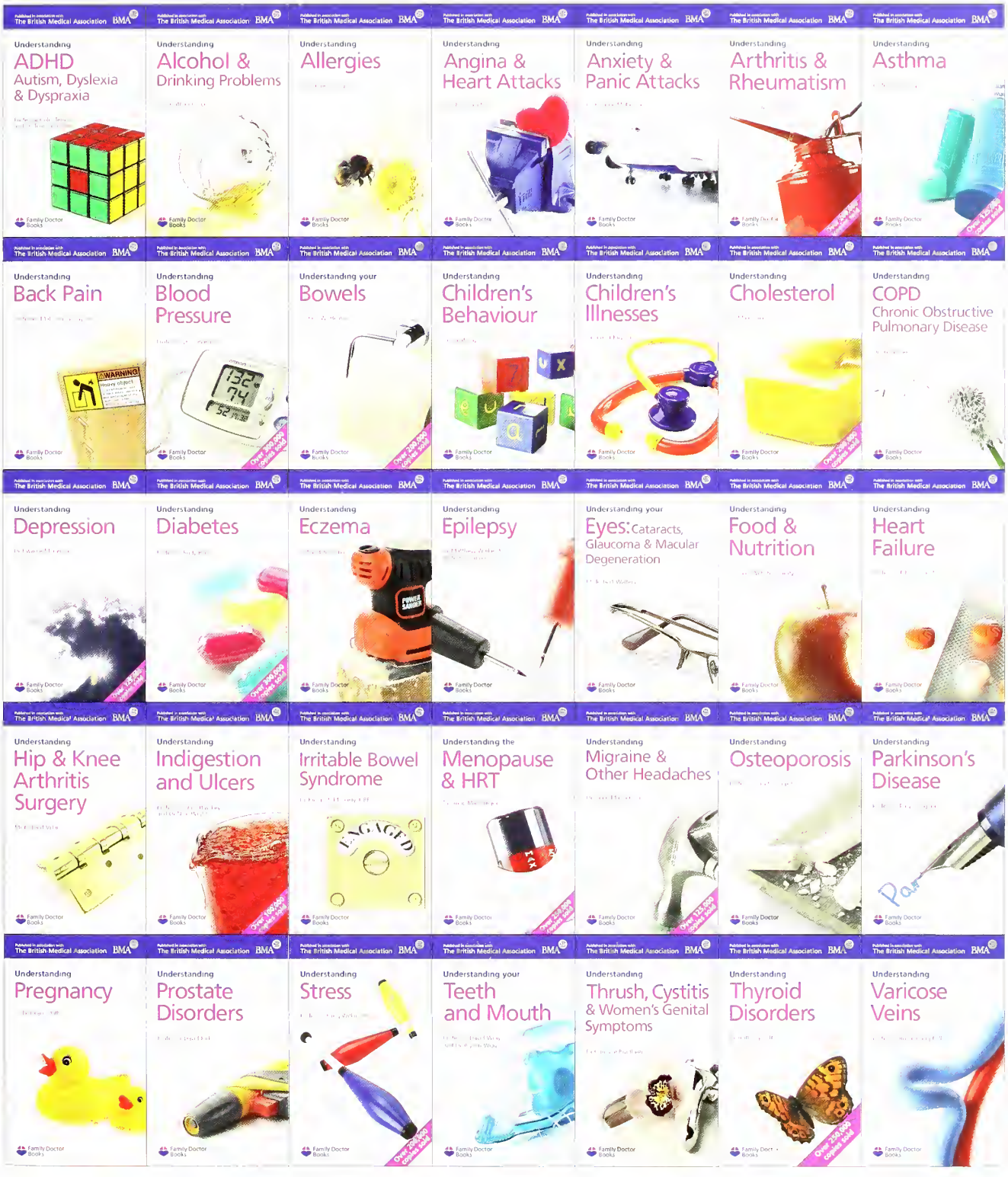

Contact details:

If you have any questions please telephone Beverley or Mark on 01202 668330
Email: familydoctor@btinternet.com

Family Doctor Books Order Form

Fax back to: 01202 668331 or Tel: 01202 668330

Pharmacy Name:	Date:
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Number	Product Code	Goods Description			Quantity
DISPLAY		Free with stock			
1	8440	Waterfall Stand (each holds 18 titles × 4 books = 72 books)			
2	8430	Easel Stand (each holds 10 titles × 4 books = 40 books)			
3	8150	Slat Wall Dispenser (each holds 2 titles × 4 books = 8 books)			
4	8035	Counter Top (each holds 4 titles × 4 books = 16 books)			
BOOKS		* Top 10 title	Trade Cost	Price (Zero VAT)	Quantity
1	1560	ADHD, Autism, Dyslexia & Dyspraxia	£3.09	£4.75	
2	1190	Alcohol & Drinking Problems	£3.09	£4.75	
3	1120	Allergies	£3.09	£4.75	
4	1330	Angina and Heart Attacks	£3.09	£4.75	
5	1570	Anxiety & Panic Attacks	£3.09	£4.75	
6	1010	Arthritis & Rheumatism *	£3.09	£4.75	
7	1130	Asthma	£3.09	£4.75	
8	1210	Back Pain *	£3.09	£4.75	
9	1050	Blood Pressure *	£3.09	£4.75	
10	1060	Bowels	£3.09	£4.75	
11	1490	Children's Behaviour	£3.09	£4.75	
12	1580	Children's Illnesses	£3.09	£4.75	
13	1020	Cholesterol *	£3.09	£4.75	
14	1590	COPD	£3.09	£4.75	
15	1370	Depression *	£3.09	£4.75	
16	1080	Diabetes *	£3.09	£4.75	
17	1510	Eczema	£3.09	£4.75	
18	1140	Epilepsy	£3.09	£4.75	
19	1530	Eyes: Cataracts & Glaucoma	£3.09	£4.75	
20	1380	Food & Nutrition	£3.09	£4.75	
21	1280	Heart Failure	£3.09	£4.75	
22	1390	Hip & Knee Arthritis Surgery	£3.09	£4.75	
23	1040	Indigestion & Ulcers	£3.09	£4.75	
24	1480	Irritable Bowel Syndrome *	£3.09	£4.75	
25	1100	Menopause & HRT *	£3.09	£4.75	
26	1070	Migraine & Other Headaches	£3.09	£4.75	
27	1350	Osteoporosis	£3.09	£4.75	
28	1090	Parkinson's Disease	£3.09	£4.75	
29	1250	Pregnancy	£3.09	£4.75	
30	1150	Prostate Disorders	£3.09	£4.75	
31	1030	Stress *	£3.09	£4.75	
32	1470	Teeth & Mouth	£3.09	£4.75	
33	1520	Thrush, Cystitis & Women's Genital Symptoms	£3.09	£4.75	
34	1170	Thyroid Disorders *	£3.09	£4.75	
35	1460	Varicose Veins	£3.09	£4.75	
			Carriage free	TOTAL	

Oral NSAIDs

Aspirin and ibuprofen

These were covered in a recent Update: http://tinyurl.com/5jyv9x.

Diclofenac

Diclofenac potassium 12.5mg tablets were reclassified from POM to P in July 2008. They are marketed as Voltarol Pain-eze tablets (Novartis Consumer Health). The product is licensed for short-term relief of headache, dental pain, period pain, rheumatic pain, muscular pain and backache and the symptoms of colds and flu, including fever, in adults and children aged 14 years and over. The dose is two tablets initially, followed by one or two tablets every four to six hours as needed, to a maximum of six (75mg) in any 24 hours.

The preparation should not be used for more than three days. Cautions and contraindications are essentially the same as for NSAIDs in the British National Formulary. Common side effects are listed by the manufacturer as headache, dizziness, vertigo, GI disturbances, anorexia, increased transaminases and rash.

Efficacy: A single dose of diclofenac potassium 12.5mg is the lowest recommended effective dose. A two-tablet single dose of 25mg is at least as effective as ibuprofen 400mg. A flexible dosing regimen of an initial two tablets followed by one or two tablets up to a total daily dose of 75mg is as effective as ibuprofen used in comparable fashion up to a total daily dose of 1,200mg. The incidence of adverse events in patients taking single or multiple doses of diclofenac potassium is similar to that of ibuprofen and placebo.[14]

Single doses of 12.5mg and 25mg diclofenac have been found as effective for tension headache as ibuprofen 400mg.[15] The same doses significantly reduced fever and throat pain in patients with acute febrile sore throat, and the overall efficacy of these doses was rated significantly higher than paracetamol 1,000mg or placebo.[16]

Naproxen

In April 2008, naproxen 250mg tablets were reclassified from POM to P status for the treatment of dysmenorrhoea (Feminax Ultra, Bayer Healthcare). Licensing restrictions include:

- use only for females between 15 and 50 years of age
- maximum dosage: three tablets daily for a maximum of three days
- pack size: nine tablets.

Other cautions, contraindications and interactions are as for ibuprofen.

Efficacy: Naproxen is considered more potent than ibuprofen and has a low incidence of side effects, although this is higher than ibuprofen. A comparative study of five clinical trials[17] found that naproxen provided greater pain relief in dysmenorrhoea than paracetamol or ibuprofen, with no reports of serious side effects.

Topical NSAIDs

NSAIDs available in OTC topical analgesics are benzydamine, diclofenac, felbinac, ibuprofen, ketoprofen, piroxicam and salicylic acid. Topical NSAIDs are recommended on the premise that the drug acts directly at the affected site, avoiding the systemic adverse effects and side effects that can result from oral administration. This depends on the drug being absorbed sufficiently to exert an effect without entering the systemic circulation. The skin presents a barrier to absorption and only a small proportion penetrates (4 to 25 per cent, depending on the formulation, in tests conducted on ibuprofen).[18] Once absorbed, NSAIDs show a strong affinity for tissues, although they may be absorbed systemically first and then into the target tissue.

Other OTC NSAIDs

Benzydamine for mouth ulcers

Benzydamine hydrochloride is available for the treatment of mouth ulcers as an oral rinse and spray, containing 0.15 per cent benzydamine hydrochloride. The oral rinse has been shown to be effective in the treatment of some oral inflammatory conditions. There is poor evidence of its effectiveness against mouth ulcers, although in two small trials19,20 it provided some relief of pain. Its principal advantage may be that, as a solution, it can reach areas inaccessible to other mouth ulcer treatments.

Flurbiprofen for sore throat

Flurbiprofen is available as a lozenge for the relief of sore throat. In a double-blind trial,[21] flurbiprofen lozenges were found to be effective and well tolerated.

Alan Nathan FRPharmS is a pharmacy writer and consultant and visiting lecturer at King's College London.

Your Continuing Professional Development

CPD

Act

- Read the Update article on headaches by the same author in C+D August 23, p17, or on C+D's website at http://tinyurl.com/5jyv9x
- Read the section in the C+D Guide to OTC Medicines and Diagnostics on oral analgesics focusing on the NSAID products. Note what you would recommend for particular symptoms. Think about when you would recommend diclofenac rather than ibuprofen, for example. Make sure your medicines counter assistants know your preferences.
- Read the C+D Guide to OTC Medicines and Diagnostics' section on topical analgesics focusing on the NSAID products and again think about which products you would recommend.
- Read the information on the Medic8 website to revise your knowledge of period pain and its treatment http://tinyurl.com/5t7rm7

Evaluate

- Do you feel confident in your knowledge of NSAIDs, especially those that have recently become available over the counter? Are you familiar with their mode of action, doses, side effects and restrictions?

Next week: Emergency hormonal contraception

Want to learn more about a particular clinical topic? Find relevant Update articles by going to: www.chemistanddruggist.co.uk/update

CPD Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the November 1 issue, which will cover this month's three CPP-accredited modules. A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on **01732 377269**.

Chemist+Druggist in association with Genus Pharmaceuticals

C+D GENUS PHARMACEUTICALS

For more real-life scenarios see:
www.chemistanddruggist.co.uk/practicalapproach

A Practical Approach

Just getting older?

LeeAnne, a friend of Hannah, a senior counter assistant at the Update Pharmacy, has just collected her prescription for oral contraceptives. She and Hannah are having a chat across the counter.

"You know Hannah, I think I need a holiday back home in the Caribbean sun."

"I think we'd all like one of those," Hannah replies. "If you go, take me with you! But, seriously, why do you say that?"

"Well, I think I'm beginning to feel my age."

"What do you mean?" asks Hannah. "You're only 35."

"But I'm beginning to feel like an old woman. I'm getting aches and pains in my hands and feet, I wonder if it's arthritis. My skin's going blotchy and I keep getting a rash over my nose and cheeks. And I'm feeling tired most of the time. But then, all those things go away and I feel fine for a while until they come back again. Actually, maybe some sort of tonic or vitamins are what I need. I was thinking of asking Mr Spencer about that."

Hannah calls pharmacist David Spencer to speak to LeeAnne and she recounts her symptoms to him.

"Well," says David, "I suppose I could recommend a pain reliever for the aches and pains and some moisturising cream for the rash. But from what you've told me, and of course I'm not a doctor, I just have a suspicion that you may have a specific illness. It's not necessarily serious, but I think you should see your doctor about it, especially as you are on the pill."

"Maybe I just need a couple of weeks back in the Barbados sunshine," jokes LeeAnne.

David replies: "If you have what I think you might, that's probably not a good idea."

Questions

1. What is the illness that David suspects LeeAnne might have?
2. Which factors would make him think that?
3. Why did David mention taking oral contraceptives as a reason for referring LeeAnne?
4. If LeeAnne had this condition, why would a holiday in the sun not be a good idea?

This article can help in the following CPD competencies: **G1a, G1d, G2o, C1f.** See http://tinyurl.com/68ox7b

Answers

1. Systemic lupus erythematosus (SLE), an autoimmune condition.
2. Common symptoms of the mild form of SLE are joint and muscle pains and fatigue. A classical feature is the 'butterfly' rash around the nose and cheeks, but sparing the naso-labial fold. It is a relapsing-remitting condition. Women are much more likely than men to develop the condition. It is more common in Afro-Caribbeans than Europeans or Asians.
3. Oestrogen hormones can exacerbate the condition.
4. Strong sunlight can aggravate symptoms.

• Can you suggest a scenario for Practical Approach? Email ideas to haveyoursay@cmpmedica.com

Clinical Alerts

SPC Changes

Furosemide injection (furosemide) Revisions to most SPC sections. Hameln Pharmaceuticals, 01452 621661, drugsafety@hameln.co.uk

http://emc.medicines.org.uk

Supply Issues

Tylex effervescent tablets 100s Now available in packs of 100, replacing existing 90-tablet pack. UCB Pharma, 01753 534 655.

ProSure 500ml Ready-to-Hang To be discontinued from the end of November. ProSure will continue to be available in vanilla and banana flavours in 240ml Tetra Pak presentations. Abbott Laboratories, 01628 773355.

Provigil 100mg and 200mg tablets To be supplied in new packaging livery consistent with the Cephalon brand, 0800 783 4869, ukmedinfo@cephalon.com

Tri-adcortyl ointment (30g), cream (30g), otic ointment (10g) and Graneodin ointment (25g) To be discontinued by the manufacturer. Bristol Myers-Squibb, 0800 731 1736.

Clinical Briefs

Infanrix/IPV+Hib reminder

NHS Immunisation officials have issued a warning that Infanrix/IPC+Hib vaccine currently being issued for pre-school boosting must be reconstituted with the Hib element before being administered. The Hib immunisation component is in a separate vial in the same box.
http://tinyurl.com/4qhudb

Dermatology specials list

An updated working list of special products for use in skin conditions has been published by British Association of Dermatologists therapy and guidelines specialists. Produced in consultation with the DH, the list should help to ensure supplies are available to meet patient needs.
http://tinyurl.com/3gcjvk

Cannabis switch to class B

Cannabis is to become a class B drug, home secretary Jacqui Smith has announced. The move follows growing evidence that strong strains can harm mental health, and will be supported by stiffer penalties for those found in possession.
http://tinyurl.com/43m7p8

LETHAL OBSESSION

Weight loss is a vital part of cardiovascular risk management and weight loss with Xenical can have a significant impact upon key risk factors.[1-5] When you help change their weight, you help change their future.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Roche Products Limited. Please contact Roche Drug Safety Centre on: 01707 367554

Roche **PRESCRIBING INFORMATION. XENICAL (orlistat). Indications:** XENICAL is indicated in conjunction with a mildly hypocaloric diet for the treatment of obese patients with a BMI ≥30 kg/m^2, or BMI ≥28 kg/m^2 with associated risk factors. Treatment should be discontinued after 12 weeks if patients have been unable to lose ≥5% of their body weight. **Dosage and administration:** One capsule immediately before, during or up to one hour after meals (only 30% of calorie intake from fat). **Contra-indications:** Chronic malabsorption syndrome, cholestasis, breast-feeding, known hypersensitivity to any component of the product. **Precautions:** Monitor anti-diabetic drug treatment. Co-administration of orlistat with ciclosporin is not recommended. Treatment may potentially impair the absorption of fat-soluble vitamins (A, D, E, and K), patients should be advised to have a diet rich in fruit and vegetables. The possibility of experiencing gastrointestinal events may increase when orlistat is taken with a diet high in fat. Caution should be exercised when prescribing to pregnant women. Studies have shown no interaction between orlistat and oral contraceptives, however an additional contraceptive method is recommended to prevent possible failure of oral contraception that could occur in case of severe diarrhoea. Rare cases of rectal bleeding, generally of mild intensity have been reported and prescribers should investigate further if symptoms are severe or persistent. **Drug Interactions:** A decrease in ciclosporin levels has been observed in an interaction study. Co-administration with acarbose should be avoided. INR values should be monitored if patient is on warfarin or other anticoagulants. Reinforcement of clinical and ECG monitoring is warranted if patient is on amiodarone. **Side-effects:** Please consult the Summary of Product Characteristics for full details of adverse events. **Common:** Influenza, anxiety, headache, respiratory infection, urinary tract infection, menstrual irregularity, fatigue and gastrointestinal such as oily spotting, abdominal pain, increased defecation and flatulence. Treatment adverse events in type 2 diabetics included hypoglycaemia and abdominal distension. The incidence of adverse events decreased with prolonged use of orlistat. **Serious:** Very rare cases of increases in liver transaminases and alkaline phosphatase and also cases of hepatitis. Very rare cases of bullous eruptions, diverticulitis and cholelithiasis. Rare hypersensitivity reactions of angioedema, bronchospasm and anaphylaxis. **Legal Category:** POM. **Presentation and Basic NHS Cost:** Xenical 120mg (84 capsules) £33.58. **Marketing Authorisation Number:** EU/1/98/071/003 (84 capsule blister pack). **Marketing Authorisation Holder:** Roche Registration Limited, 6 Falcon Way, Shire Park, Welwyn Garden City, AL7 1TW, UK. Further information is available on request. Xenical is a registered trade mark. **Date of preparation:** June 2007.

J9792055T August 2008.

References: 1. Hollander PA et al. Diabetes Care 1998; 21: 1288-1294. **2.** Hanefeld M and Sachse G. Diabetes Obes Metab 2002; 4: 415-423. **3.** Sharma AM and Golay A. J Hypertens 2002; 20: 1873-1878. **4.** Broom I et al. Br J Cardiol 2002; 9: 460-468. **5.** Torgerson JS et al. Diabetes Care 2004; 27: 155-161.

XENICAL®

orlistat 120mg

Block fat and help change their future

No LABA admissions link in kids

Children and adolescents who take formoterol are not at additional risk of asthma-related admissions, according to a review presented to the European Respiratory Society Congress.

The results of the review showed no difference in the frequency of asthma-related hospitalisations in formoterol-treated patients compared with non-LABA treated patients, formoterol manufacturer AstraZeneca said.

Most of the patients were also receiving inhaled steroids and were taking the long-acting beta-2 agonist as maintenance and/or reliever therapy.

The company added that the new results followed an earlier analysis of results from 80,000 patients involved in 117 trials in which formoterol had been associated with a significant reduction in patients requiring hospital treatment.

www.astrazeneca.com

Epilepsy launch

Lacosamide (Vimpat) is a new therapy for epilepsy launched this week.

An adjunctive treatment of partial-onset seizures with or without secondary generalisation in epileptic patients aged 16 years and older, its efficacy was established in three trials with 12-week maintenance periods.

The proportion of subjects with a 50 per cent reduction in seizure frequency was said to be 23 per cent, 34 per cent and 40 per cent for placebo, lacosamide 200mg/day and lacosamide 400mg/day, respectively.

Results from another study demonstrated that many patients continue with the treatment – of 370 patients enrolled in one study, 77 per cent were still taking Vimpat after a year, the company claimed.

Prolongations in PR interval with lacosamide have been observed, and it should be used with caution in patients with known conduction problems or a history of severe cardiac disease, when treating elderly patients, and when used in combination with other products associated with PR prolongation.

SPC: http://tinyurl.com/4uoals

SMC accepts sitagliptin

Scottish Medicines Consortium assessors have accepted the DPP-4 inhibitor sitagliptin (Januvia) for treating patients with type 2 diabetes in combination with sulphonylurea and metformin.

It also accepted capecitabine (Xeloda) for treatment of cancer of the colon or rectum and fosaprepitant (Ivemend) for restricted use in preventing immediate and delayed nausea.

http://www.scottishmedicines.org.uk

FAQ issued on mixing licensed products

A frequently asked questions-style guide has been issued jointly by the MHRA and National Electronic Library for Medicine officials.

The FAQ follows an MHRA statement earlier this year that mixing two separate licensed medicinal products would result in a new unlicensed product unless one could be described as a vehicle for the other – that is a reconstitution or diluting agent.

The statement caused concern for non-medical prescribers working with PGDs, and the FAQ is designed to deal with many of these.

According to the FAQ, mixing Atrovent nebulising solution (ipratropium) with a beta-agonist nebulising solution, mixing a corticosteroid injection with a local anaesthetic injection and crushing two separate medicines in tablet/capsule form, and mixing prior to administration are not allowed.

However, the FAQ makes clear crushing a tablet or opening a capsule prior to administration is permitted.

http://tinyurl.com/4f22xe

Clinical Briefs

Six-fold risk from NSAIDs

NPC officials have published a weblog post discussing meta-analysis results revealing that risk of upper GI haemorrhage doubled in patients taking SSRIs, and tripled in patients taking NSAIDs. Patients taking both together had a six-fold increase in risk, the authors reported.

http://tinyurl.com/4c9k39

No valaciclovir for Bell's

Treatment with valaciclovir does not speed recovery in Bell's palsy, according to a new study published by The Lancet. However, the same study results confirmed that prednisolone treatment does shorten patients' time to recovery.

http://tinyurl.com/3u9suy

Nice reviews diabetes

Draft clinical guidelines covering the newer blood glucose control agents for use in type 2 diabetes are available for consultation until November 5. The guidelines show where in the treatment pathway the newer treatments might be used. DPP-4 inhibitors sitagliptin and vildagliptin are described as suitable for use in dual therapy, while exenatide was considered appropriate third-line therapy.

http://tinyurl.com/3q8amx

US revises cough labels

Cough medicine products in the US are to bear a label saying they should not be used to treat children under four years old. Members of the North American Consumer Healthcare Products Association are said to have made the decision voluntarily with the support of the FDA.

http://tinyurl.com/3nrew2

Icatibant to treat HAE

Icatibant (Firazyr) is now available for the treatment of hereditary angioedema in adults with C1-inhibitor deficiency. The bradykinin B2 receptor antagonist treatment is said to block oedema formation in HAE attacks and has been generally well tolerated during clinical trials.

http://tinyurl.com/3w7gkn

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Pharmacy-Only Dispensing Range*

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FOR ALL YOUR OPEN DOCTORS' PRESCRIPTIONS FOR GLUCOSAMINE SULPHATE 2KCL

PROFESSIONAL DISPENSING PACK

With Margin!

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Glucosamine PDP 750mg Tablets	30	1	3.98	19.86	333-0073
Glucosamine PDP 500mg Tablets	90	1	4.89	24.86	333-0065
Glucosamine PDP 500mg Capsules	90	1	4.89	24.86	333-0032
Glucosamine/Chondroitin PDP Combi 500/400mg Tablets	30	1	6.75	24.86	333-0057

Available from your AAH, PHOENIX, MALTBY, and UNICHEM Wholesalers

* CLASSIFICATION: Food Supplement – NOT a Licensed Pharmaceutical

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Facilitators

- Mike Holden, chief officer of Hampshire & Isle of Wight LPC
- Deborah Evans, practising community pharmacist and performance coach

Community pharmacy is an intensely competitive business and one that has been hit by cash flow and operational challenges as the government recovers excess purchase profits with little or no warning.

But there are new opportunities ahead in the government's white paper vision for pharmacy. Attend C+D's Business Seminar and find out how you can gain a competitive advantage and maximise your pharmacy's potential by getting your business ready now. Changing what you do and how you do it is essential for survival.

The format of the seminar will be practical and hands on. You will examine issues from your own business and leave ready to create a powerful and unique action plan for your business. The seminar will show how a clearly defined business strategy, motivated staff and a focused approach to reaching your business objectives, can pay dividends.

Download the full programme, booking form and cancellation policy at www.chemistanddruggist.co.uk/seminar

Programme

9.30am Registration and refreshments

10am Introduction and overview of the pharmacy landscape
- The key policy drivers
- Why you need to adapt your business
- Q&A on the Government's blueprint for pharmacy

11am Group exercise
- Review your business objectives and identify ideas for development
- What makes your business succeed?
- What is getting in the way of it being even more successful?
- What ideas do you want to implement?

12pm Your business
- How to analyse your business
- How to define a direction and implement it
- Identifying what makes your business unique
- Identifying what opportunities you can exploit
- Understand competitive advantage

1pm Lunch

2pm Business models
- What different business models are there?
- Which business model is right for you?
- Key features of different models
- Pros and cons for each
- Your current business model
- Future proofing your business model

3.30pm Change management
- Learn how to put this learning into practice
- Tools to help you deliver change in your business
- Recognising where to focus to make the change happen
- Making it happen and ensuring you keep on course

4.30pm Questions and summary
- The day's learning plus actions and top tips to take away

5pm Close

Booking form

Yes! I would like to attend the 'Maximising Your Pharmacy's Potential' seminar.

Full day seminar including refreshments and lunch: £195 + VAT (£229.12) per delegate place

Title_____ First name_____ Surname_____

Pharmacy_____

Address_____

_____

_____ Postcode_____

Daytime Telephone_____ Email_____

Number of places required_____ I enclose a cheque for £_____ made payable to CMP Information.

OR please charge my credit card for £_____ Card type _____

Card number_____ Expiry date_____ Issue no. (debit cards only)_____

Signature_____

Please send your completed booking form to: Elaine Steele, C+D, Riverbank House, Angel Lane, Tonbridge, Kent, TN9 1SE or call 01732 377621 to book your place

Green fempro

Femmecup is an alternative sanitary protection product that claims to be healthier for the user and less damaging to the environment than conventional fempro.

The bell-shaped cup is worn internally to collect menstrual flow and forms a seal, preventing leakage. It is re-usable for up to five years and claims to hold three times more liquid than towels or tampons can absorb.

Price: £14.99
Femmecup Ltd
Tel: 01279 329307
www.femmecup.com
contact@femmecup.com

Ultra fast cold sore treatment

Cymex Ultra is a new cold sore treatment from Actavis. Containing aciclovir (5 per cent), the cream claims to work in five days, treating the tingling sensation and blisters associated with cold sores. It should be used five times a day at four-hourly intervals.

A £750,000 consumer advertising and PR campaign is supporting the launch, aiming to reach the 12 million people in the UK who have frequently recurring cold sores.

Price: £5.29/2g
Pip code: 337-7314
Actavis
Tel: 01271 311200

Hygiene begins at home

The PatientPak, a kit containing products to help consumers protect themselves against infections before going into hospital, has been launched. It claims to kill 99.99 per cent of germs, including MRSA, avian flu, norovirus and E coli, and works within 10 seconds.

The kit includes antimicrobial sanitising wipes, face and body wipes, a hand sanitising spray, hair and body wash, soap in a dish, nail brush, lip balm, pen, toothbrush with cover and toothpaste.

A leaflet tells consumers how to improve their personal protection against superbugs and a notice for display by the bed reminds visitors to clean their hands. The brand supports the MRSA Action UK charity, which had input in creating the leaflet.

A consumer media relations and publicity campaign, experiential marketing and an email viral initiative are supporting the launch.

FREE!
We have two outers of six PatientPaks to give away to two C+D readers. Email your name and address by October 31 to competitions@cmpmedica.com with 'PatientPak' as the subject

Price: £15.99
Pip code: 341-3366
PatientPak
Tel: 020 7386 8686
www.patientpak.com

Fresh face for Sensodyne ad

A new 30-second Sensodyne TV ad comes to the small screen this week. It will be seen on a week-on-week-off basis until late November.

The advert focuses on the brand's Pronamel and Pronamel for Children products, and features one of manufacturer GSK's oral health directors discussing how acid erosion can affect the teeth of children and adults.

GSK hopes the new face and new messages will keep Sensodyne's TV activity fresh, which has been on air since January. The TV budget for 2008 is £4.5 million, reports GSK.

Product information:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Oxy hard to resist

The revamped Oxy skincare range from Mentholatum is the subject of a £1.6 million campaign. Promising that Oxy 'makes young male skin practically irresistible,' the campaign includes full page ads in magazines for Boots, Tesco and Superdrug this month and next, aiming to reach 5.5 million readers.

Television activity kicks off on November 10 on digital and terrestrial and includes prime time slots around the X Factor. The creative features 'the Oxy guy' using the products at home, then walking along the street where girls are pulled towards him. It ends with the strapline 'Oxy magnetism – girls stick to Oxy guys'.

Online, the new Oxy website will launch on November 1 while advertising is on key websites. Student sampling, Capital VIP nights and consumer PR activity complete the promotional support.

Product information:
Laser Healthcare
Tel: 01202 780558
www.oxy.co.uk

Products in brief

Thoughtful launch

Thinking Caps is a new chewable lemon-flavoured vitamin supplement containing omega 3 fish oils, said to feed the brain. It is suitable from the age of two.
Price: £4.99/30
Lifeplan Products, tel: 01455 556281, www.lifeplan.co.uk

For on TV this week see: www.chemistanddruggist.co.uk/prodnews

Flu fighters

Credit crunch, banking crisis, rising prices – can it get any worse? Well possibly – a flu pandemic is still a threat. **Michelle Styles**, NPA head of information services, explains how to prepare

Pandemic flu occurs when a new influenza virus emerges for which people have little or no immunity and for which there is no vaccine. The disease spreads easily from person to person, causing serious illness and sweeping across the country in which it originates and then around the world in a very short time.

For the last three years, the UK's major pharmacy bodies have been working with the Department of Health (DH) to ensure the important contribution community pharmacy can make is recognised and documented.

In November 2007, the government published a national framework document to provide background information and guidance to those responsible for developing pandemic response plans in all four home countries of the UK. The key message across the NHS is 'business as usual for as long as possible'.

What may happen during a pandemic?

As soon as a pandemic is announced, there is likely to be media hysteria and mass panic. Pharmacies will be bombarded with phone calls from those seeking trustworthy advice, so you will need to ensure you can access reliable and up-to-date information.

Prescription volume will increase as people suffer complications of flu or exacerbations of underlying conditions. There is likely to be high demand for non-prescription medicines and panic-buying. Stock will decline quickly and you may need to consider rationing certain items.

Manufacturers may not be able to maintain normal supplies of medicines and frequency of deliveries may be reduced. It will be essential to work collaboratively with other pharmacies and with the PCT to maintain continuity of medicines supply to patients.

Patients may not be able to access GPs so may run out of repeat medicines. Emergency supply requests may increase and emergency legislation will be enacted to allow flexible supply of medicines (including, possibly, use of outdated stock or use of patient-returned medicines) during the pandemic period. You and your staff may have to take on additional or different clinical roles during a pandemic.

Just as the number of prescriptions and counter sales increases dramatically, your key staff may become unavailable. Apart from those falling ill with flu, schools and nurseries may close – staff may need time off for childcare, to care for ill relatives or to deal with bereavement. Transport may be disrupted (fuel shortages, reductions in public transport etc) so even if staff are well, they may not be able to get to work.

You may not be able to send prescriptions to the pricing authority if the post is disrupted and it may not be able to price them as quickly as usual. Cashflow may suffer and you may not be able to pay your creditors.

What about antivirals?

Most people with flu symptoms will want antiviral medicines. In England, access will be via the National Flu Line. This is a dedicated telephone service that will triage those exhibiting symptoms and issue a unique reference number. The patient's 'flu buddy' will then take this number to a collection point to obtain the medicine. Various arrangements have been made throughout the UK but it is likely some PCTs will choose community pharmacies as collection points.

What should you do now?

- Firstly, liaise with your LPC and PCT to find out what plans have been made locally for the distribution of antivirals. Will pharmacies be involved?
- Make sure you have a pandemic service continuity plan in place. Guidance from the DH in England makes it clear pharmacies are expected to develop their own pandemic service continuity plans but should liaise with LPCs and PCTs to ensure plans are co-ordinated and integrated across the PCT.
- Has the PCT and LPC agreed a list of critical activities that pharmacies will need to continue during a pandemic and those that can be suspended?
- Find out what arrangements have been made for administration of any pre-pandemic or pandemic-specific vaccines. If the PCT is already using community pharmacists to administer seasonal flu vaccines, then it will have a pool of ready-trained healthcare professionals to draw on.

- Find out what the PCT is doing to encourage greater uptake of repeat dispensing – many of the supply problems that are likely to arise could be eased if repeat dispensing was in place.
- Find out whether the PCT plans to implement a minor ailments scheme so that patients are familiar with how it works in advance of a pandemic.
- Start reinforcing simple hygiene messages now with staff and customers – for example, the DH's 'Catch it, Bin it, Kill it' campaign.
- Establish policies for managing illness, for example by telling staff with symptoms to stay at home to limit disease spread.
- Even though there is little evidence that face masks, disinfectant wipes etc will limit disease spread, demand is likely to be high so make sure you have, or can get hold of, stocks quickly.

NPA resources

NPA Flu Vaccination in Community Pharmacy Guidance Notes show you how to demonstrate to commissioners that community pharmacy can be a valuable alternative option.
Download from: www.npa.co.uk/members

Service continuity planning for Pandemic Flu is currently available for members on the NPA website.

Flu pandemic: the worst case scenario

DH statistical modelling predicts the following as 'worst case scenario':

- Up to 50 per cent of the population may show symptoms of flu over the period of a pandemic
- Up to 25 per cent of these may develop complications and of these, up to 2.5 per cent may die
- Up to 22 per cent of cases can be expected during the 'peak week'
- Up to 28.5 per cent of symptomatic patients will require assessment and treatment by a GP or other healthcare professional.

Product news

Benylin bolsters cough sector

Benylin has unveiled two new GSL products this winter – Dry Coughs Blackcurrant (glycerin and liquid sugar) and Cold & Flu Day & Night Max Strength (phenylephrine, paracetamol and caffeine) – and a £6 million promotional budget.

Currently claiming the top spot in the cough liquid market with a 29.5 per cent share (source: IRI 52 w/e June 2008, HBA outlets) manufacturer McNeil is predicting the new products will generate more than £5m worth of additional sales.

A campaign has been launched to support the pharmacy sector. Dubbed 'Cough centre', the initiative promotes pharmacies as the first port of call for anyone with a cough. It includes instore publicity to encourage patients to discuss their cough with the pharmacist and stresses the brand's belief that the pharmacy is the best place for cough diagnosis and treatment.

Prices: Dry coughs blackcurrant £4.19/150ml; Cold & Flu £3.99/16 (12 day, 4 night)
McNeil Products, tel: 01628 822222

Heavy hitting Vicks

A 'heavy' marketing campaign including print and TV advertising from October until January is supporting the Vicks range this winter, reports manufacturer P&G. Available point of sale materials include the Vicks solution centres and counter top units showcasing the pharmacy-only range.

The Vicks P portfolio includes Cough syrup with honey for dry coughs (dextromethorphan), Cough lozenges with honey (dextromethorphan) and Medinite complete syrup (paracetamol, dextromethorphan, pseudoephedrine and doxylamine). The latter claims to be the only night-time syrup with published trials showing it treats all cold and flu symptoms.

The Vicks brand introduced two new products for the winter season: Vitality Booster multivitamin supplement and Breathing Sensations menthol-containing chewing gum (see C+D, October 4, p23 or visit www.chemistanddruggist.co.uk/prodnews).

Procter & Gamble, tel: 01932 896000

GSK reveals winter battle plan

Beechams, Nurses, Contac and Beechams Veno's, GSK's cold and flu armoury, together claim a 14.8 per cent value share of the market (source: AC Nielsen MAT July 19, 2008). The manufacturer is investing heavily in the Beechams and Nurses brands this season, having allocated a combined budget of £6.3 million to the pair.

Beechams All-in-One introduced two pharmacy-only variants last month (see C+D, September 13, p26) – a 240ml liquid variant and packs of 24 tablets offering better value for money.

TV support sees the return of 'Brian' to television screens, a character first encountered last year taking on an army of cold and flu symptoms with Beechams All-in-One. The key message is that the product fights more symptoms than paracetamol. Radio, press and outdoor advertising is scheduled too.

Meanwhile, Nurses is being promoted with a return of the 'Rainswept' creative, featuring the Night Nurse reggae classic song. The brand claims the number one spot in the pharmacy only cold and flu sector, says GSK.

GlaxoSmithKline Consumer Healthcare, tel: 0845 762 6637

Covonia's 'largest' ad campaign

The Covonia cough brand is being supported with its "largest ever" nationwide television, radio and online advertising campaign this winter, reports manufacturer Thornton & Ross.

Beginning this month, the multimillion pound campaign is reinforced by PR activity targeting national newspapers, magazines and websites.

According to T&R, every Covonia product experienced growth last year and the brand has shown consistent growth over the last seven years (source: IRI mat January 26, 2008).

Point of sale materials can be ordered online.

Thornton & Ross, tel: 01484 842217, www.feelitworking.com

The power of honey

Manuka Health has introduced a new system to help consumers judge the antibacterial properties of its manuka honey products.

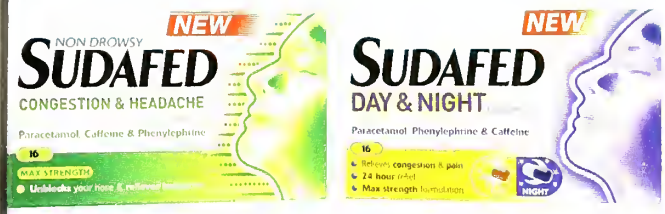
The system came about after research identified the dominant antibacterial component of manuka honey as methylglyoxal. The lab scale, indicated on pack with the MGO manuka honey stamp, is said to be accurate to within 5 per cent. Further details can be found on the website (below).

The current industry standard unique manuka factor (UMF) system is said to be confusing for consumers and does not give a direct indication of a product's benefit, says Manuka Health.

The company is the first to adopt the MGO system and its range of manuka honey products runs from MGO 30 to MGO 550.

PoS materials, including flyers, posters and wobblers, are available.

Tree of Life, tel: 01782 567100, www.mgomanuka.com



Get ready for new Sudafed duo

Sudafed is hoping to add £5 million worth of sales to the decongestant market this winter with the launch of two GSL products.

Non-drowsy Sudafed congestion and headache (paracetamol, caffeine and phenylephrine capsules) provides relief from a blocked nose and headache symptoms. Second newcomer, Sudafed Day & Night (paracetamol, caffeine (day only) and phenylephrine capsules), provides round-the-clock treatment with specific capsules for day- and night-time use.

A £4 million promotional budget has been allocated to support the brand during the winter. Described by manufacturer McNeil as positioning Sudafed as the expert for all congestion-related symptoms, the campaign will include television advertising. Point of sale materials are available.

Price: £3.99/16
McNeil Products, tel: 01628 822222

Brand's reunited

Ernest Jackson and Potter's Herbal Supplies are working together to bring their respective Potter's branded products – Pastilles and Herbal products – back together in a national television advertising campaign. During the almost 200-year history of the Potter's brand, various products went their separate ways.

From November until February, seven products – catarrh pastilles, decongestant pastilles, strong bronchial catarrh pastilles, sugar-free cough pastilles, cough remover, chest mixture and catarrh mixture – will be seen together in the TV ad. It uses the strapline "When it's a bit of a rotter – go for the Potter's".

Ernest Jackson, tel: 01363 636000
Potter's Herbal Supplies, tel: 01942 219960

Berried treasure for winter woes

The profile of Sambucol black elderberry extract is being raised through an "intensive" PR campaign, reports Healthcare Brands International. The company hopes the media outreach programme will encourage consumer purchase.

Available as liquid food supplements (four variants) and a lozenge, Sambucol is said to be suitable for year-round immune system support.

Juliet Oosthuysen, Sambucol marketing manager, says: "Every year the winter health remedies sector offers huge opportunities for pharmacists, with supplements playing an important role in meeting customers' needs. Coupled with the increased demand for natural ways to avoid being unwell during the traditional cough and cold season, Sambucol is a valuable investment for pharmacists today."

Ceuta Healthcare, tel: 01202 780558

What a pain!

British adults collectively experience more than 166 million painful colds, bouts of flu or sore throats each year, claims analgesics brand Nurofen. In all, 43 per cent of men and 44 per cent of women report such painful episodes at least once every three months.

Advertising to the tune of £10 million is supporting the brand spanning TV, direct marketing, PR, online and outdoor activity. Television ads for the new Nurofen Express tablets began last month and 90 per cent of adults are expected to see the ad at least five times before the end of the year.

Reckitt Benckiser, tel: 01482 326151, www.painprofiles.com

Strepsils plays it cool on TV

Television advertising is underway for Strepsils' latest launch, the Cool variant. Radio advertising will follow in November and December as well as taste sampling in Boots and Tesco.

Meanwhile, London rail commuters will be targeted via the Metro newspaper. A total of £3.4 million is being spent on marketing support for the Strepsils brand.

Prices and Pip codes: £2.99/16, 339-5845; £4.49/36, 339-5837
Reckitt Benckiser, tel: 01482 326151

Make friends with new flavour

Fisherman's Friend has launched a new flavour, its first for five years. The sugar-free blackcurrant variant is expected to appeal to a younger audience and sampling activity will see more than a million packs given out by next March. It brings to seven the number of flavours available in the UK.

Price and Pip code: 69p/25g, 339-1935
Jenks, tel: 01844 293619

C+D

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Deborah Heard
Chemist+Druggist (Classified),
CMP Medica Ltd
Ludgate House
245 Blackfriars Road
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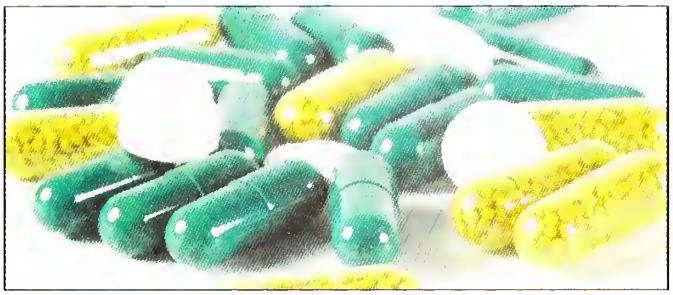

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For further information please contact;
The Chairman, Wholeman Limited, 67 New Bond Street, London W1S 1UA;
Tel 020 7629 6659; bob.ager@wholeman.co.uk

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Draw on inspiration at RPSGB museum

Ever dreamt of having your artwork grace the walls of one of London's great galleries? Well, it's not quite the Tate, but head down to Lambeth next Saturday, October 25, and you could see your scribblings go on display at the RPSGB Museum.

The Society is running a drop-in day for The Big Draw, a national initiative to encourage people to express themselves in pencil.

Visitors will work together to produce a "collective masterpiece" based on microscopic images and with an experienced artist to create "gruesome beasts representing different illnesses", based on the Museum's caricature collection, which includes Ague & Fever, pictured above.

Museum keeper Briony Hudson said: "We're very excited and hope that members of the local community as well as our members will come along and have fun drawing."

To the Mediterranean for Macmillan

A Warwickshire pharmacist has cycled the French coast to raise money for Macmillan Cancer Support.

Jon Porteous (pictured left) covered the 890 miles from northern Calais to Mediterranean Montpellier in two weeks with friend Rob Gullen (right). Along with sponsorship for Stratford-upon-Avon's annual Macride, he has raised over £20,000 for the charity.

Jon's efforts can still be supported at www.justgiving.com/robandjon-france.

Bangers and mash bash

This week's strangest email in the PostScript inbox honour goes to a notification of "the world's first 'sausage and potato' festival".

The local tourism board for Lincolnshire wrote to inform us that the festival is "the biggest celebration for sausages and potatoes ever held in the UK". What part pharmacy will play in the proceedings is anyone's guess.

What weird and wonderful things do you find (inappropriately) landing in your work inbox? Send them to postscript@cmpmedica.com

UniChem golf champ

Chandra Gohil has proved himself the Tiger Woods of community pharmacy.

The Coventry-based contractor from Gohil Pharmacy was crowned winner of the UniChem Golfer of the Year 2008 tournament in Ayrshire, Scotland. The prize was a Golfer of the Year trophy, leather holdall and traditional Scottish quaich (drinking cup).

Go to www.unichemevents.co.uk to enter the 2009 event

Web comment of the week

RPSGB backs language test for non-UK pharmacists

Posted by Peter McAuley, On 10/10/2008 19:45

> **Surely** there is also a role for the **superintendent pharmacist** here, to ensure that those employed in his pharmacies have a **sound grasp of the English language.** Locums would present **some issues,** as the superintendent may **never meet them.** Should the locum agencies **also have some responsibilites?**

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Presentation: Lyrica is supplied in hard capsules containing 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg (for Generalised Anxiety Disorder only) or 300mg of pregabalin. **Indications:** Treatment of peripheral and central neuropathic pain in adults. Treatment of epilepsy, as adjunctive therapy in adults with partial seizures with or without secondary generalisation. Treatment of Generalised Anxiety Disorder (GAD) in adults. **Dosage:** *Adults:* 150 to 600mg per day, given in either two or three divided doses taken orally. Treatment may be initiated at a dose of 150mg per day and, based on individual patient response and tolerability, may be increased to 300mg per day after an interval of 3-7 days (for neuropathic pain) or 7 days (for epilepsy or GAD), the dose may be increased to 450mg per day after an additional 7 day interval (for GAD), and to a maximum dose of 600mg per day after a further 7-day interval. Treatment should be discontinued gradually over a minimum of one week. *Renal impairment/Haemodialysis* dosage adjustment necessary, see SmPC. *Hepatic impairment* No dosage adjustment required. *Elderly* Dosage adjustment required if impaired renal function. *Children and adolescents* Not recommended. **Contra-indications:** Hypersensitivity to active substance or excipients. **Warnings and precautions:** There have been reports of hypersensitivity reactions, including cases of angioedema. Pregabalin should be discontinued immediately if symptoms of angioedema, such as facial, perioral, or upper airway swelling occur. Patients with galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take Lyrica. Some diabetic patients who gain weight may require adjustment to hypoglycaemic medication. Occurrence of dizziness and somnolence could increase accidental injury (fall) in elderly patients. There have also been post marketing reports of loss of consciousness, confusion and mental impairment. Cases of renal failure have been reported and discontinuation of pregabalin did show reversibility of this adverse effect. In controlled studies, a higher proportion of patients treated with pregabalin reported blurred vision than did patients treated with placebo which resolved in a majority of cases with continued dosing. In the clinical studies where ophthalmologic testing was conducted, the incidence of visual acuity reduction and visual field changes was greater in pregabalin-treated patients than in placebo-treated patients, the incidence of fundoscopic changes was greater in placebo-treated patients. In the postmarketing experience, visual adverse reactions have also been reported, most of which refer to transient visual blurring or other changes of visual acuity. Discontinuation of pregabalin may result in resolution or improvement of these visual symptoms. Insufficient data for withdrawal of concomitant antiepileptic medication, once seizure control with adjunctive Lyrica has been reached, in order to reach monotherapy with Lyrica. After discontinuation of short and long-term treatment withdrawal symptoms have been observed in some patients, insomnia, headache, nausea, diarrhoea, flu syndrome, nervousness, depression, pain, sweating and dizziness. The patient should be informed about this at the start of the treatment. Concerning discontinuation of long-term treatment there are no data of the incidence and severity of withdrawal symptoms in relation to duration of use and dosage of pregabalin (see side effects). There have been post-marketing reports of congestive heart failure in some patients receiving pregabalin. These were mostly elderly, cardiovascular compromised patients who received treatment for a neuropathic indication. Pregabalin should be used with caution in these patients. Discontinuation of pregabalin may resolve the reaction. **Ability to drive and use machines:** May affect ability to drive or operate machinery. **Interactions:** Pregabalin appears to be additive in the impairment of cognitive and gross motor function caused by oxycodone and may potentiate the effects of ethanol and lorazepam. In the postmarketing experience, there are reports of respiratory failure and coma in patients taking pregabalin and other CNS depressant medications. **Pregnancy and lactation:** Lyrica should not be used during pregnancy unless benefit outweighs risk. Effective contraception must be used in women of childbearing potential. Breast-feeding is not recommended during treatment with Lyrica. **Side effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly (>1/10) reported side effects in placebo-controlled, double-blind studies were somnolence and dizziness. Commonly (>1/100, <1/10) reported side effects were appetite increased, euphoric mood, confusion, libido decreased, irritability, ataxia, disturbance in attention, coordination abnormal, memory impairment, tremor, dysarthria, paraesthesia, vision blurred, diplopia, vertigo, dry mouth, constipation, vomiting, flatulence, erectile dysfunction, fatigue, oedema peripheral, feeling drunk, oedema, gait abnormal and weight increased. See SmPC for less commonly reported side effects. After discontinuation of short and long-term treatment withdrawal symptoms have been observed in some patients, insomnia, headache, nausea, diarrhoea, flu syndrome, nervousness, depression, pain, sweating and dizziness. Concerning discontinuation of long-term treatment there are no data of the incidence and severity of withdrawal symptoms in relation to duration of use and dosage of pregabalin. (see warnings and precautions) In the post-marketing experience, the most commonly reported adverse events observed when pregabalin was taken in overdose included somnolence, confusional state, agitation, and restlessness. **Legal category:** POM. **Date of revision:** June 2008. **Package quantities, marketing authorisation numbers and basic NHS price:** Lyrica 25mg, EU/1/04/279/003, 56 caps: £64.40, EU/1/04/279/004, 84 caps: £96.60, Lyrica 50mg, EU/1/04/279/009, 84 caps £96.60, Lyrica 75mg, EU/1/04/279/012, 56 caps £64.40, Lyrica 100mg, EU/1/04/279/015, 84 caps: £96.60, Lyrica 150mg, EU/1/04/279/018, 56caps £64.40; Lyrica 200mg, EU/1/04/279/021, 84 caps £96.60, Lyrica 300mg, EU/1/04/279/024, 56 caps: £64.40, Lyrica 225mg, EU/1/04/279/034, 56 caps: £64.40. **Marketing Authorisation Holder:** Pfizer Limited, Ramsgate Road, Sandwich, Kent, CT13 9NJ, UK. Lyrica is a registered trade mark. **Further information** is available on request from: Medical Information Department, Pfizer Limited, Walton Oaks, Dorking Road, Walton-on-the-Hill, Surrey KT20 7NS.

REFERENCES: 1. LYRICA SmPC. **2.** French JA *et al.* Neurology. 2003; 60: 1631–1637. **3.** Siddall PJ *et al.* Neurology. 2006; 67: 1792–1800. **4.** Data on File, Pfizer Ltd (PGB023 – AE summary GAD). **5.** Montgomery SA. Expert Opin Pharmacother 2006; 7, 2139–2154.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk Adverse events should also be reported to Pfizer Medical Information on 01304 616161

LYN463 September 2008